Lectures
ON THE
NATURAL HISTORY AND TREATMENT OF HIP-JOINT DISEASE.

Delivered at the Charing-cross Hospital Medical School,

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LECTURE V.

GENTLEMEN,—We now leave the stage of inflammatory and active mischief about the hip-joint, and turn our attention to their sequelæ—to the deformities produced, and to the methods of overcoming them, and enabling our patients to walk with tolerable ease and symmetry. The causes whereon lameness and distortion depend are—

1st. Dislocation of one joint surface from the other.

2nd. Changes in the shape and direction of the head and neck of the femur and of the acetabulum.

3rd. Changes within the joint injuring or destroying its freedom of action.

4th. Changes in the flexibility and tension of capsular structure, ligaments, and other periarticular tissues.

5th. Changes in the length, tension, and action of the muscles moving the joint.

When first examining a case of hip-disease, the surgeon instinctively places his hand upon the haunch, to ascertain what alteration may have taken place in the shape of the femur, and its relative position to the pelvis; and although we now know that dislocation is comparatively a rare event of hip-disease, it is nevertheless necessary that the surgeon should be able to distinguish it from the usual progression upward of the acetabulum, and absorption, more or less total, of the head and neck of the femur.

1. *In dislocation* the trochanter lies very high. A line drawn from the anterior superior spine of the ilium to the tuberosity of the ischium ought to skirt its upper edge. Nélaton asserts that when that process lies above such line, dislocation is present. But the rule ought not to be made absolute, for when the changes in the acetabulum and femoral neck are considerable, the trochanter may, as I have found in some cases, lie just above this line. In some cases the head of the bone is to be felt on the dorsum ilii. Dislocation is then easily diagnosed; but as it often cannot be discovered, its non-detection does not disprove dislocation. The haunch often remains rounded and swollen, but is sometimes flat and broad; the trochanter itself is less prominent than usual. An examination of the nude patient (standing if possible) shows that rotation inwards, flexion, and absolute shortening, predominate over pelvic obliquity. I have now in the boy's ward a patient, Michael C——, with a dislocated femur. You should study that case now, for in a few days I shall remove the carious head of the bone.

2. *Non-dislocated* cases have the trochanter less high, reaching further forward and more prominent than in the sound state, presenting a sharp angular projection, often visible to the eye, and particularly apparent to manipulation.* An examination of the patient while erect will show that in the thigh itself adduction is much more marked than flexion or rotation inwards; the pelvis is very oblique; the lumbar spines are much curved; the appearance of shortening bears to the pelvic distortion a certain proportion, any disturbance of which attracts the experienced eye, and produces suspicion of other alterations.

It should here be mentioned that the dislocated head of the bone may continue carious, producing widespread suppuration, even ulceration, of the gluteus and skin until it lies bare; or it may, inflammatory action having been subdued, become united to the dorsum ilii, by ligamentous, occasionally by cartilaginous, rarely by osseous bands.

3 and 4. The third of the above-mentioned series of changes—viz., those within the joint, injuring more or less its smoothness and freedom of action, includes a wide domain, from entire synostosis to the smallest fibrinous adhesion. The former is a less usual event, yet many specimens are extant in which the two bones are grown together throughout. There are other cases in which a mere osseous spiculum in the midst of fibrous bands connects the two joint surfaces, and, of course, there are all the intermediate proportions of bony and fibrous anchylosis. Whatever be the amount of osseous union, its one symptom is perfect immobility. The greatest gentleness of manipulation should be used in making examinations of this joint; yet, in spite of the best art, we sometimes cannot elude emotional muscular action, which will render a joint, not in itself stiff, perfectly immobile. I therefore strongly advise you never to give a decided opinion upon the existence of true anchylosis until, by the influence of chloroform, all possible source of error from muscular rigidity has been annihilated.

False anchylosis—viz., cohesion of the two joint surfaces inside the synovial membrane by some soft non-osseous tissue—may practically be classed together with thickening of the ligaments and periarticular tissues; indeed, the two conditions always coexist. I must point out to you that, in forming our diagnosis of any old case of hip-disease, and especially in giving judgment as to the desirability and effects of any treatment for the removal of the residual lameness, it is of far more importance to make out the amount of adhesions than their mere locality inside or outside the joint. Also, that the amount of deformity—i. e., the degree to which the limb is bent and shortened—deserves less consideration than the mode and amount of joint adhesion. I have been able to place into good position and to restore a certain amount of motion to a limb which had previously been bent up and rotated inward to such a degree that the fold of skin at the groin was exceedingly compressed, and therefore ulcerated.

5. The fifth cause of lameness and deformity after hip-disease—viz., changes in the length and contractility of muscles—is more important than any other, because always present. The disease may leave more or less or actually no change in the joint or in its ligaments, but it always produces, unless prevented by counteracting means, certain alterations in the muscles. In my third lecture, when describing the effects of joint inflammation on these organs, I showed that their contraction was combined with a rapid and peculiar form of wasting, and with certain spasmodic phenomena commonly termed "starting pains." The shortened condition of muscle which follows these morbid states, I first, in my work on "Diseases of the Joints," termed *contracture*. It is a state carefully to be distinguished from the active *contraction*, combined with occasional spasms, which in the inflammatory phases of hip-disease abducts or adducts the thigh. It is anatomically and physiologically different; for when, under the influence of morbid irritation, the limb has been kept for some time in a certain posture, the sarcolemma, the areolar tissue (which binds the fibrillæ into fibres and the fibres into bundles), even the sheath itself, of each muscle, adapt themselves to that unvarying form; and those organs which have been kept short will not of themselves lengthen again, because they are bound, not by vital or animal contraction of the *sarkus*, but by passive shortening of the fibrous and areolar tissues.* It is, then, evident that when all the active part of the hip-disease shall have ceased, such contracture must remain and keep up the deformity. I need hardly, at this stage of my teaching, point out that the muscles chiefly implicated are the abductor and adductor group, the rectus, and the psoas. This last, in long-standing cases, where the patients have been allowed to assume their own postures, is often a very great impediment to restoration.

The above, then, are the five conditions whereby the femur is kept in false relationship with the pelvis, and whereby lameness and deformity are produced. In all these cases surgery has devised certain methods of changing the morbid posture so as to restore to the limb a very considerable degree of symmetry and power. Indeed, when the head of the femur (dislocated or *in situ*) is not united by bone to the pelvis, a use of the limb such as a few years ago would have been thought impossible can be obtained. I will not now go into the question of the results and the justifiability of sawing through the neck

* The curious fact that the trochanter becomes more protuberant as the neck shortens is accounted for by the accompanying truth that the angle between the neck and shaft constantly diminishes, and that the trochanter lies above the junction of the two axes. Thus while the femur becomes adducted, not merely at the joint, but on the neck of the bone, the trochanter is abducted and thrown outwards until it projects at a more or less wide angle.

* In my work "On the Cure of Clubfoot without cutting Tendons," p. 18, I have referred to this condition and its explanation. I have there pointed out that this shrivelling of the sarcolemma &c. is a natural action. Muscular fibre must be provided with plentiful passive support, and this contracture round the diminished *sarkus* is a change of condition designed to continue that support under the altered circumstances.

of the femur, when its head is indissolubly united with the pelvis. The operation was successful in the hands of its originator, R. Barton, of Philadelphia; but the experience of myself and other operators has not been so favourable.

The morbid conditions with which we have chiefly to do are contracture of muscles and fibrous adhesion of the femur to the pelvis—firstly, in non-dislocated, and secondly, in dislocated cases.* These causes of deformity may be overcome by sudden stretching under chloroform, and by gradual extension, alone or conjoined, and both may be combined with subcutaneous myotomy. Now it is of the greatest importance to the welfare of the patient and to your own reputation, that in each case the best means should be taken to attain the end in view. Sudden action is the best method of overcoming any considerable amount of false anchylosis, particularly if the tissues be extensive and old; also, though it aids to a certain degree in subduing a contracture, yet our main reliance against this condition must be gradual extension. The more I have seen of these cases so have I gradually more and more laid aside myotomy. I am sure that in non-dislocated cases it is but seldom needed, and then only one or two muscles should be cut. It is desirable that all scars of the skin should be loosened previous to sudden rupture of the adhesions. This may often be effected by mere manipulation, frequently repeated; if they will not yield to this means, they may first be divided subcutaneously, and then, while the occluded wound is healing, they must be moved in all directions to render the hypodermic new tissue as loose as possible. I have, in my work, "On Diseases of Joints," endorsed an opinion of Mr. Brodhurst's, that the necessary muscles should be divided some days before the sudden rupture. Subsequent experience has taught me to change that view entirely. If sudden rupture be needed at all, the limb is too stiff for us to render the muscles tense, and thus to discover if they really require division; and should the surgeon set to work to divide those muscles which he thinks may need such treatment, he will most certainly often perform that operation very unnecessarily. On the other hand, if, while straightening a limb, the surgeon should find it compulsory to divide tendons, he should be careful to introduce the knife at points of the skin which will not be rendered tense during his ultimate procedures, and if at the time he carefully exclude air, he need not fear the threatened ill consequences. I will no longer detain you with general considerations concerning the choice of means or mode of applying them, but will relate to you some typical cases, bringing prominently forward the reasons for adopting, and the methods of carrying out, different modes of treatment.

In October, 1861, I was requested by Dr. Grasemann, of Great Russell-street, to see Miss H——, aged six years, who had suffered since May of the previous year—that is, for eighteen months—with hip-disease. For the last six months inflammatory mischief had ceased, and she had got about with a very deformed limb. The thigh was much flexed, and rotated inward; the pelvis on the diseased side thrown much upward and backward. These malpostures caused an apparent shortening of four inches and three-quarters. The bone was not dislocated, but there was a good deal of change in the shape and position of the trochanter. There were marks of old abscesses about the hip, but the scars were not bound down to deep tissues. On examination I found the joint very stiff and immovable, but with that elastic quality which showed that there was no synostosis. At the same time the muscles were very rigid, and particularly the adductor mass and the tensor vaginæ femoris. These started into still sharper lines under the skin at any attempt to move the hip-joint.†

Nov. 13th.—My proposal for the amelioration of this condition having been accepted, assisted by Dr. Grasemann and Dr. Rasch, I proceeded to operate. While the patient was being placed under the influence of chloroform, I moulded to the limb a splint of gutta percha, which included the whole haunch and the thigh down to the knee. When the influence of the anæsthetic had become complete, I bent the thigh towards the abdomen. The adhesions yielded slowly, with a dull rending sound, but I found the limb would not approach the abdomen sufficiently, and with that movement a great deal of adduction was combined. The gracilis adductor longus and others being found extremely tense, I passed a narrow tenotome through the skin at a point which belonged perhaps rather more to the labium than to the thigh, and, keeping the blade all the time quite close to the pelvis, I separated from that bone the above-named muscles, and all the inner part of the pectineus, while Dr. Rasch kept a slight abducting traction upon the limb. A pledget of wet lint was immediately strapped on the wound. The thigh was still not sufficiently free, and now finding that the impediment was on the outer side, I divided the tensor vaginæ femoris, also close to the bone. The thigh could now be brought well down. Dr. Grasemann, who conducted the subsequent treatment with great judgment, informed me that there was not the slightest fever on the next day, and about two months afterwards he brought me the child, who could walk very well, and had less than half an inch shortening.

In this case the muscles were certainly unusually rigid, yet I am bound to say that I have since found means of overcoming muscular contracture which would have enabled me to dispense with division of some of the muscles named in the above case. Let me here remark to you that though it may occasionally be indispensable to divide some very short muscles, as the pectineus for instance, since the amount of stretching necessary to re-establish position is a very large proportion of the muscle's whole length, it is scarcely ever requisite to divide long-fibred muscles, whose additional length required is in very small ratio with the whole length of the muscle.

Edwin P——, aged thirteen, was under my care in the Charing-cross Hospital, with old hip-disease, November, 1861. The bone was not dislocated; there were marks of old abscesses about the trochanter. This case was extremely like the one just related, but the shortening was more absolutely (five inches and a quarter), though perhaps not so much relatively to the patient's age and size. Miss H—— was, however, a big girl for her age; this patient was small. I had taken in this boy with the intention of dividing his muscles, and setting free the hip: I had already divided some scars subcutaneously, and made the tissues flexible. However, the case just related, and two others, although equally successful, caused me to think I might substitute another means for myotomy, since such division weakens the limb, as shown by the hollowness which it leaves at the inner side of the thigh. I therefore let this boy be chloroformed, and bent up the limb, causing a dull rending sound. After a time, I found the same check and tendency to adduction as in the previous case. I ceased endeavouring to flex the thigh further, but bent the knee, putting the heel as close to the buttock as it would go; standing on the diseased, I put one hand across the patient to the iliac spine of the sound side, to keep the pelvis steady, while with the other hand I drew the knee outwards into considerable abduction. By this means I got the limb very free, except to the outer side, and there I divided the tensor vaginæ femoris. The limb was put in the old position in a previously prepared splint. The after-treatment was not longer than when muscles are cut. The patient was walking well ten weeks after the operation, and is still going about, with very little shortening and scarcely perceptible limping.

I might, but for fear of wearying you, relate another case, in which I first adopted a principle which I now always substitute for division of the tensor vaginæ femoris whenever that muscle and the fascial bands seem tense enough to warrant such proceeding. I have observed that division of the muscle only sets free a certain portion, and not always the tightest portion, of the fascia lata; and if you remember the broad attachment of that structure to the crista ilii, you will at once see how wide a band may in these cases exist. In a young lady under my care about eighteen months ago, I observed that the fascia was tense in places, rather corresponding with the local effects of inflammation and the position of old scars than to contracture of any muscle. I therefore divided the tissue at the outer aspect of the thigh, seven or eight inches below the crista ilii and below the muscle; this set the limb freer than cutting the tensor would have done. The wound certainly heals quicker, and with its own or similar tissue; not, as when muscle is cut, by a perfectly new and inelastic material, nor subsequently is there any apparent loss of substance.

Having now described in general terms the mode of procedure, I should, I feel, be leaving you still somewhat under difficulties unless I endeavour to explain the sort of knack by which tough adhesions are to be overcome; for this is not to be done by violence and rough force. Mere strength may be employed in vain against tough materials which a skilful twist, a *Kunstgriff*, as the Germans have it, will immediately overcome. The thigh should be bent up till a decided point of resistance is reached; against that obstacle the limb is to be pressed, not violently, for a minute or two; then a sudden springy jerk in the direction of flexion is to be given. If the sound of rupture follow, the movement is to be continued by pressing the limb back; if the adhesions do not give way, the jerk is to be repeated in slightly different directions as rapidly as possible.

* I will for the present confine my remarks entirely to the non-dislocated cases: the others will form the subject of after-consideration.

† This should be remarked as an almost unfailing symptom of the absence of a true anchylosis.

The condition and peculiarities of the joint, and the sensation communicated to his hand, must supply the surgeon with minor but still important manœuvres.

The method of operating and the choice of means in false anchylosis have now been sufficiently described; but a most, perhaps the most, important part of the whole process is the after-treatment. We will in the next lecture examine this subject in conjunction with the management of that large number of cases in which sudden rupture is unnecessary. We will also enter into the anatomy of dislocated cases, and the practice most conducive to their benefit.

ON THE TREATMENT OF PHTHISIS BY THE HOT-AIR BATH.

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I HAVE long believed that we make far too little use of the skin as a means of depurating the blood; and that the uncertain action of diaphoretic medicines has had much to do with this neglect. The great importance of the skin will be acknowledged, if we remember that the volatile matters discharged through its pores are about double the amount of those discharged by the lungs, and that even the quantity of water expelled by the skin nearly equals that discharged by the kidneys.

When in Turkey some years ago, I had frequent opportunity of experiencing and observing the effects of the Turkish bath. I became convinced that it was the only reliable means of causing diaphoresis, and that it might be most effectively employed as a remedial agent, as well as one of cleanliness and luxury. Gout, a true blood disease, is said to be unknown amongst the Turks, and this exemption is probably as much due to the free action of the skin caused by the bath as to their temperate habits. In estimating the value of the bath as a curative agent, however, the special effects of caloric on the body are to be taken largely into account. The effects of the higher degrees of heat possess a great but as yet an almost unrecognised importance.

The treatment of phthisis has made little or no progress for many years. General tonics, as mineral acids, iron, and quinine, are found highly useful in this disease, as well as in others marked by depression of vital power. But with the single exception of cod-liver oil, none of the special remedies proposed have stood the test of experience. The utility of the oil is proved by the undoubted extension of life in the case of those patients who take it compared with those who do not. Being convinced that other valuable agents in the treatment of the disease may be discovered, this has been long a subject of my experimental inquiry. It is my present purpose to place before the reader the results of the treatment of phthisis by the Turkish or hot-air bath.

An opportunity of trying the effects of this treatment in the fullest manner was kindly afforded me by the directors of the Turkish Bath Company in Jermyn-street. A good deal had been said or written in a general way about the beneficial effects of the bath in affections of the lungs, but it seemed desirable that its action upon phthisis should be patiently tested and fairly made public. Although resolved not to allow any theory to occupy my mind, it appeared to me that the bath was likely to prove useful in phthisis for the following reasons:—

First. As the functions of the skin are promoted by the removal of effete matters which clog its pores and hinder free excretion, benefit might be expected from the bath regarded in a purely hygienic light. Experience proves that whatever promotes the general health of the patient tends to retard the destructive changes in the lungs.

Second. If, as is highly probable, the perspirations of phthisis are an effort of nature to depurate the blood by excretion of offending material, the substitution of sweating induced artificially might effect the same end in a better and safer manner.

Third. In cases in which sweating was a marked symptom, this, as well as the exhausting fever which precedes it, might be replaced by the operation of a proce agreeable to the sensations of the patient, and one which, being completely within control, might be regulated according to his strength.

Fourth. The inhalation of heated air might prove beneficial by a direct action on the lungs, as would be evidenced by check of the cough and expectoration.

For several months at first a small private bath was employed, but subsequently the large bath was used by the patients. The temperature ranged from 120° to 180° F., and the patients remained exposed to it from half an hour to an hour or longer, the time being regulated by the action of the skin and their own feelings. Great care was taken not only to observe any improvement, but also to prevent possible harm.

I regret that I am unable to bring forward a larger number of results. Several patients commenced with the bath, and, although well satisfied with its effects, were compelled to desist in consequence of not being able to give up the necessary time to it. But the long period during which two of the cases were under treatment, and the precision with which the facts will be detailed, give these cases unusual importance.

The first patient I shall mention died unexpectedly; but, as will be seen, death was not caused by phthisis, and the rare opportunity was afforded of examining the lungs of a phthisical patient, in whom improvement of chest-symptoms was going on up to the time fatal disease of another kind set in.

J. C—— is a man of small stature and dark complexion, forty-two years of age. His father died of phthisis; also a maternal uncle, and a sister of his own. Early in 1851 the patient had cough, and felt out of health. In May of that year he had for the first time an attack of hæmoptysis. He thinks the quantity of blood brought up was not less than a pint. It continued to come up in smaller quantities almost daily for about three months. He was at length able to attend to business, although in very delicate health. In March, 1852, hæmoptysis returned, accompanied by the same symptoms, and he was under medical treatment until September. In 1854 he was laid up from May to July from the same cause. Again in August, 1858, blood was brought up in such quantities that his life was almost despaired of, and he was under treatment until April, 1859. The cough then became a little better; but great difficulty of breathing remained. In 1860 he became an out-patient at the Brompton Hospital for Consumption, and continued so for twelve months, when he left, his breathing and cough being unrelieved. In 1861 he became for many months an out-patient at the Royal Infirmary for Diseases of the Chest. He had the old symptoms, and blood made its appearance several times, the last time having been in November of that year.

Present state.—Jan. 1st, 1862: Pale and very thin, but thinks himself less so than he has been. Complains of weakness, and great dyspnœa even from ordinary walking; shooting pains in the chest, especially through the right side; night sweats; troublesome cough, with yellow sputa. The upper and anterior part of the right side of the chest is dull on percussion, and in the same position crepitation is heard over a considerable space, as also in the right axillary region. He was ordered a hot-air bath three times a week.

Jan 27th (fourth week of bath treatment).—Has taken ten baths; says he felt benefited by the first bath; pain and night sweats quite gone; cough better, and expectoration less; what he chiefly notices is improvement in his breathing; has also a feeling of improved general health, and the bad headaches from which he suffered at short intervals for years have entirely left him; bowels regular; except for cough and slight dyspnœa, would consider himself well. Weighed Jan. 1st 9st. 4lb., and on Jan. 26th 9st. 6lb. The crepitation that existed over the front of the right lung decidedly smaller, and in the mammary region hardly to be distinguished.

Feb. 17th.—Cough and expectoration rather better; breathing about the same; appetite good, and attends to business more closely than for a long time previously; up to present date has taken cod-liver oil and quinine as he did before commencing baths. All internal medicines to be now omitted.

April 21st.—Health in every respect improved; cough and expectoration very slight; some dyspnœa on strong exertion, but "nothing like what it was;" lives in Long-lane, Smithfield, and now walks to and from the bath (about six miles) without inconvenience; could not have attempted this for a long time previous to taking baths; the dulness on percussion over right apex *seems* less; crepitation less marked.

June 11th.—Breathing greatly improved; cough has lately been rather troublesome before breakfast. Sent to Dr. George Johnson, who kindly examined the patient, and made the following note: "Slight dulness; feeble respiration and crackling at right apex; harsh breathing at left apex."

25th.—Continues very well; removed to Bethnal green-road a month ago; walked twelve miles on one day this week without trouble; has taken not less than fifty baths in all. After careful examination, could detect no crepitation in the right lung; in the infra-clavicular space slight crumpling sound and a sonorous râle; dulness on percussion hardly appreciable.

Sept. 26th.—In consequence of his improved health, has taken no baths except two for three months: one last week, and one the week before. Took them as he was not so well as usual. Has on the whole gone on very favourably. Physical signs the same as on June 25th. Seen to-day by Dr. G. Johnson, who made the following note:—"Slight dulness on percussion; diminished expansion and feeble respiration at right apex; no moist sound; respiration at left apex harsh, almost tubular, with prolonged expiration; face still pale."

Oct. 20th.—Had bath on day he last saw me; none since. About a month ago began to make the bodies of hats, in which process ammonia is evolved. On account of his health has not worked at this branch of his trade since 1851. At present does full work. Can walk any reasonable distance, but ascending tries him. Cough troublesome at times. In all other respects doing well. Physical signs: No crepitation at right infra-clavicular region, but a low and peculiar rumbling sound. To resume the baths.

Dec. 2nd.—Baths twice a week regularly since last note. Breathing and cough considerably improved. Says his general health is good. Physical signs unchanged. Showed me a swelling on left side of chest, about three inches below nipple, which he noticed for the first time yesterday. It could scarcely be called sore, and was not painful. Said he did not feel at all weak. Advised him to apply a poultice, and to see me again if it did not soon improve.

7th.—I was sent for in haste to visit him, but he had expired before my arrival. His wife told me that from the time of my last seeing him he had become gradually weaker until the debility was excessive. The swelling continued almost painless, although it had increased considerably in size. He had taken nothing but beef-tea to support him, as a physician formerly consulted had advised him never to take stimulants of any kind. His wife added that he had been of late greatly depressed in mind by business affairs. There was no increase of cough or other chest symptoms. At eight o'clock this morning he managed to dress and get down stairs; had some tea; returned to bed much exhausted, and died calmly about ten o'clock.

Examination of the body, eighteen hours after death.—Body in very good condition; sub-clavicular spaces well filled. Three inches below the left nipple was an anthrax two inches in diameter, having a very dark appearance, and on its surface several points of ulceration. Some elevated dark spots were scattered about on the surrounding healthy skin. The cellular tissue involved in the anthrax was in a sloughy condition. On laying open the thorax, a layer of fat at least half an inch thick was found beneath the skin. The heart was larger than natural, and lay more to the right side than usual. All the valves appeared healthy. The right lung was a good deal smaller than the left, which accounted for the position of the heart. There were firm adhesions in various parts, and the apex was so adherent to the opposed surface that a portion of lung-structure was torn through in separating it. Crepitation was impaired, and it had a much more solid feel than is natural; this was remarkably the case at the summit, but there was no appearance of tubercular matter. The left lung was adherent in places, but less so than the right; and it was less crepitant than natural. At the apex there was a tubercular mass about the size of a filbert, and of a cheesy consistence.

Remarks.—It is plain that death in this case did not result from phthisis. So far from being emaciated, the patient was in good condition; and the state of the lungs, which contained neither cavities nor softening tubercular matter, precluded the idea. It is certain that death was due to the debility which is well known to occur in cases of anthrax; and it is probable that the timely use of stimulants would have averted the fatal issue. The question then arises, did the long-ill-health of the patient depend upon phthisis? A review of the case admits no other conclusion. None of the leading symptoms of the disease were wanting. The case was certainly of a very chronic character; and this may be said to weaken any conclusions that may be drawn from it. But let it be remembered that, up to the time of commencing the baths, this man's life had been for years only a succession of illnesses, with attacks of hæmoptysis, and of imperfect rallyings. From the time of beginning the bath treatment until his death, a period of nearly a year, there was not the slightest hæmorrhage, and, until his fatal illness, he greatly improved in health. At one of his last visits he said to me: "This is the first year since 1851 that I have not had constantly to take medicine, and use blisters." It is also worth remarking, that the patient regarded the bath treatment as very agreeable. Crepitation at the summit of the right lung was perfectly determined, not only by myself, but by the independent observation of Dr. Johnson. Both of us observed also that the crepitation subsequently ceased. No tubercles in the stage of softening, or other appearances that might have been expected, were found in the part of the lung mentioned. But the local crepitation must have depended on softened tubercle; and it can only be supposed that the tubercular matter had disappeared. I am of opinion that at the place of adhesion an abscess of the lung had existed, which having been discharged, its fundus became adherent to the adjacent surface of the chest-wall.

(To be continued.)

ON THE CALABAR BEAN:

ITS ACTION, PREPARATIONS, AND USE.

BY THOMAS NUNNELEY, ESQ., F.R.C.S.E.

(Continued from page 533.)

How far the idea is correct that Calabar bean and strychnia are antagonistic to each other, or rather, how far the action of the one neutralizes and destroys that of the other, Exp. 15, 16, and 17 will show. From them we can hardly think the notion that the one may be used as an antidote to the other with much prospect of success will be found to be true. The suggestion is founded upon the one being an excitor, the other a depressor, of the spinal cord, and that the two actions will destroy each other, as an acid and an alkali do. So far as I can judge, the effect of the strychnia was as speedy and as violent as if no Calabar bean had been administered. It is true that it is possible the quantities of the two substances were not correctly adjusted to procure the desired neutralizing effect; but I think it will hardly be asserted that the system could be brought more under the influence of the bean, so as to give it full play, or that a larger quantity could be given with any chance of success, than was done with at least two of the dogs; and yet the tetanic spasms during life, and the post-mortem appearances, were those of uncontrolled strychnia action.

I would, by way of parenthesis, and as intimately connected with this inquiry, observe, that in my judgment the received opinion as to the cause of death by spasm of the respiratory muscles in strychnia poisoning is not, as a rule, founded in fact. I believe death more generally results from the heart, similarly to the other muscles, being involved in tetanic spasm; that the strong left ventricle is completely closed, and does not admit any blood into it, so that none is circulated through the arteries, whereby it is forced to accumulate in the lungs, right side of the heart, and large veins. This happens in all cases where the spasm is great and continuous, and the animal dies while strongly convulsed. In such I believe the left ventricle will always be found firmly contracted and empty, and the right ventricle and auricle engorged with fluid or nearly fluid dark blood. To observe this the chest should be carefully opened, without wounding the large veins, before the head is touched; for if the head be first opened, the fluid blood will drain away from the cut sinuses, when the heart will be found empty, and hence supposed not to have contained blood, whereas on the right side it has been engorged. But if the dose of strychnia has been barely sufficient to destroy life, so that this has been prolonged, and the spasms have ceased for some time before death, then, as the respiratory function has been most imperfectly performed, the post-mortem appearances will more nearly approach those of asphyxia: the left side of the heart will not be so firmly contracted, but will contain dark blood. In some cases it is quite possible that, as in true tetanus, the animal may be simply asphyxiated by spasm of the glottis. In the first case, where the animal dies in spasm, the cerebral and spinal veins will be greatly engorged; in the latter they will be found but little distended: for it is the violent and long-continued spasm of the muscles which forces the blood into these large veins, where there is no counter-

pressure to resist their distension, and not, in my judgment, any specific action of the strychnia. I have often seen precisely the same conditions after poisoning with aldehyde, hydrocyanic acid, conia, narcotin, and other substances, according as death occurred during the continuance of the convulsion, or not, until they had for some time ceased.

Before leaving this subject it is of importance and interest to call attention to the curious and remarkable fact, that by putting Calabar bean into one eye and atropia into the other, we may have the one pupil shut up so as to be barely visible, the iris appearing almost entire, and the other pupil so greatly dilated that the iris has almost ceased to be visible. This fact is of great importance in illustrating the action of agents upon the animal economy, and, in my opinion, proves that at least some of them have a local effect independent of their general action. Some good and well-known modern physiologists have contended that all poisons and other agents act only when absorbed, and are carried to the central nervous masses; that they do not act primarily upon the terminating nervous fibres, but only upon the centres, and secondarily upon the extremities. The fact which many years ago I demonstrated, that by the local application of chloroform and several other anæsthetics we can so completely destroy the sensation of portions of our own bodies, and even of the entire extremities in the higher animals, as in the cat and rabbit, that a limb may be amputated, the creature being perfectly indifferent to and unconscious of the operation, retaining all the time the full possession of its faculties, and having full power over its other limbs, satisfied me that, though substances when swallowed do act generally by absorption into the blood, yet that they also act upon the particular nerves to which they are applied, quite independently of the central masses. This, however, has not appeared so conclusive to some inquirers as to myself. In what way it can be explained that by one agent we may shut up one pupil, and at the same moment by another agent enormously dilate the other pupil, otherwise than on the supposition of their local action, I know not. Were it by a general action upon the central nervous masses, though a reflex one, if any effect were caused it would be of a negative kind. We cannot have one pupil shut and another opened by two dissimilar forces acting generally; even were this possible, the effect would be varied. It would not always be the same eye which was alike affected; whereas it is invariably that into which the bean is put which shows a contracted pupil, and that into which the atropia is put which shows a dilated one. How otherwise than as independent and local effects these two dissimilar actions can be exhibited at the same moment I cannot conceive. Moreover, when the bean and atropia are together put into the same eye, either no effect whatever is produced, or only so partial a one as to show that they neutralize each other. This also must be a local action.

It has been stated by some observers, and truly so, that when the extract of Calabar bean is put into an eye, the pupil of which is preternaturally dilated, contraction of it will follow. Now mydriasis is commonly caused by disease of the cerebrum affecting the trunk of the third pair of nerves, or some pressure external to the skull upon its branches, which paralyzes the action of the filaments which go to the iris, unless from traumatic injury to the eyeball itself. It is difficult to account for the contraction of the iris taking place under such circumstances on the supposition of the agent acting exclusively upon the spinal cord; if it does so, obviously it cannot influence the functions of the cerebral nerves. Contraction in such a case cannot be caused by stimulation of the nerves going to it. The contraction could only result from paralysis of the sympathetic or dilating nerve destroying an active dilating power, and so permitting what may be supposed to be the natural elastic physical forces of the iris tissues to counterbalance each other. This most probably would be the explanation offered by those who adopt the theory of spinal depression. As, however, in this case the agent is applied locally, and, so far as symptoms indicate, acts locally alone, supposing that the idea of the contraction of the iris depending upon paralysis of the dilating power is true, it would, I imagine, rather be an argument for the opinion that the agent acts generally upon the sympathetic nerve in all the symptoms induced than upon the spinal cord exclusively, and, *pro tanto*, militate against the theory of spinal depression.

Contraction of the pupil, it would appear, may be induced by the application of the bean in almost any form of mydriasis, whatever be its cause, provided the texture of the iris be not destroyed, even though the iris be altogether insensible to the action of light. In a middle-aged woman suffering from some deep-seated cerebral disease, but otherwise healthy, and who has in consequence had two epileptic seizures; in a man with more general brain-affection, causing paralysis and numbness of all the extremities, and considerable difficulty in articulation; in an old man who lost one eye many years ago, and more lately the other from disease of the choroid and deposit upon the retina; and in a fourth, with dilated pupil from a large incised wound cutting through the cornea, and extensively dividing the iris,—I have got full contraction of the pupil by the extract of the bean.

It has been asserted by Dr. Robertson, Dr. Harley, and others, that the action of the bean, when applied to the eye, is that of a stimulant to the ciliary nerves, thus inducing contraction of the ciliary muscle and rendering the eye myopic. This statement may at the first blush appear plausible to some; but I confess that it seems to me to be an unfounded supposition, resting upon, to say the least, an unproved hypothesis as to the functions of the ciliary muscle. It is perfectly true that, *cæteris paribus*, the pupil is commonly contracted when near objects are looked at, and more dilated when distant objects are regarded. This, however, is only one of a series of effects which take place in the eyeball, and probably is rather an optical than a physiological change. The smaller aperture in the diaphragm is merely to exclude the more oblique rays, which cannot be brought to a focus upon the retina, and to shut out the superabundant light. This part of the correction of the aberration of parallax may be obtained by an artificial diaphragm with a small aperture in it held *before* the eye, the structures of the eye remaining unaltered, as anyone may satisfy himself by looking at a near object through a small opening in a card held near to the eye.

I know of no one anatomical or physiological reason for the supposition that the ciliary muscle can assist in contracting the pupil, nor can I conceive how it can act on the cornea or the lens. If it have any action whatever upon the iris—which is doubtful—it is more likely to be antagonistic than adjuvant to the contractile fibres of the iris. The iris and the ciliary muscle have both a fixed attachment to the sclero-corneal junction—the iris passing directly inwards, the ciliary muscle outwards and backwards. Hence, admitting that both are contractile tissues, they may act in opposition to each other, but not, I think, in conjunction. If the pupil is contracted, the ciliary muscle will, I apprehend, be relaxed. If the straight fibres of the iris act and the pupil is dilated, the ciliary muscle (on the supposition of assisting action) may contract; but as the pupil is contracted in near vision, I do not see how it is possible that the lens can at the same moment be pulled forwards by the contraction of the ciliary muscle. Nor can I imagine, granting the ciliary circle to be really a contractile structure obeying the sympathetic nerve fibrillæ, how it can possibly lengthen the axis of the eye and render it myopic. Muscles can contract only to a certain proportion of their length, and, like all other moving forces, must pull the movable attachment towards their fixed one. Now, as this fixed point is the junction of the iris, cornea, and sclerotic, and as the ciliary muscle passes outwards and backwards to be spread over the anterior edge of the choroid, its action will not be upon the firm dense ring (the most unyielding part of the eyeball) to which it is anteriorly attached, but upon the soft elastic choroid; and how its very short fibres can contract sufficiently to exert any motive influence upon the lens, vitreous humour, or retina, to none of which they are attached, I am at a loss to conceive. These parts can only be acted upon by the compression of the choroid, which more or less completely encircles them; and as this is soft and yielding, it appears to me, even allowing the full contractile power to the ciliary muscle which other muscles possess in proportion to the length of their fibres, utterly impossible that it can exert the influence attributed to it. The choroid may yield, but it will not pull the lens forward, alter its course, increase the convexity of the cornea, lengthen the antero-posterior axis of the vitreous humour, nor move the retina backwards—one or more of which changes must occur in the correction of the aberration of parallax.

As to the argument of the active contraction of the ciliary muscle in near vision which rests upon the sensation of fatigue when very near objects are closely examined, I do not regard it as proving anything in support of the assumption, inasmuch as an equal sensation of fatigue is perceived when very distant objects are closely watched for some time by eyes unaccustomed to such work.

Vomiting and purging are said to be commonly induced by the internal administration of the bean, but according to my experience, the bean can hardly be considered as either an emetic or purgative. Often neither vomiting nor purging occurs at all, and when they do, it is rather nausea and retching than

vomiting. Sometimes a good deal of frothy phlegm will, after considerable effort, be brought up, but violent emptying of the stomach is rare. When the bean is fairly enveloped in meat or other food, so that it is not brought in contact with the buccal and pharyngeal surfaces, retching is not a prominent symptom, and vomiting by no means a constant one. Neither does salivation then occur. So with purging; there is not uncommonly a frequent straining for stool, but only a nodule of fæces or some mucus passes. It is rather mild tenesmus than violent purgation. I have never seen excessive cathartic action caused by the bean, and after death, if the animal has not been starved, the intestines—even the rectum—are found full of fæces.

I can easily imagine, from what I have observed of its effects, that these, when it is administered by those whom practice has made familiar with its management, may be materially modified. By care in the previous preparation of the individual by the kind and quantity of food in his stomach at the time the dose is given, the vehicle in which it is administered, the quantity swallowed, the treatment to which the bean has, before employment, been subjected to, (immersion in water, exposure to heat, &c.,) and other circumstances which experience would easily enable anyone to learn, considerable control may doubtless be obtained over the result. Hence, I suspect, the priests of Old Calabar, who are the officiating men in the public ordeal when the bean is judicially administered, have great power in their hands, and, in accordance with their desire, can determine with considerable probability whether the poison shall be fatal or be thrown off by vomiting and purging. Given to animals when the stomach is full, it is more likely to induce free vomiting and be thrown off, though the nausea may be less than when the stomach is empty.

The total absence of any appearance of irritation in the stomach and intestines after death is remarkable, and appears to be uniform.

Experiments 11, 12, and 13 will show that repeated doses are borne with comparative impunity, and that the poison is not accumulative; for a quantity may be given, in divided doses, with very little, if any, effect, which if given in a single dose would be speedily fatal.

Upon the second question, as to what is the best solvent for the active principle of the bean, there is little occasion to dwell, as the experiments themselves will explain all that need be said. It has formed no part of my object, as I stated at the outset, to separate this principle for analysis. That it is very difficult of isolation, as Dr. Christison has stated, is abundantly evident. With the results obtained by ether, chloroform, and hydrochloric acid I am disappointed. Not only is the quantity taken up by them from the mass of the bean much less than is done by spirit, but the little obtained by them is very much less active and more irritating; and after they have exhausted all they are capable of doing, spirit will still extract a larger portion of more active matter than either of them has been able to do. Though water extracts a very much greater weight than spirit does, this possesses much less power than the spirit extract, and it is much sooner decomposed. Hot spirit, then, is unquestionably the best menstruum for dissolving the active principle from the mass of matter. But as even this by no means extracts the whole of the active principle, it shows how tenaciously it is held in combination with the albuminous and starchy matter of which the bean is mainly composed; for the macerate left is still an active poison, as Experiment 4 shows, where twenty grains of the mass left after cold and hot ether and boiling spirit had extracted all that they would take up, produced considerable effect upon a dog.

It is most important that the poisonous principle should not only be isolated, but that some certain test for its presence should be discovered, for now that public attention has been so freely called to the bean, there is little doubt that his majesty of Old Calabar will be sensible to the claims of gold, and part with the seed in sufficient abundance to more than supply the wants of civilized people for legitimate purposes, and leave enough for those who are disposed to share with him the power of using it, if not as an ordeal, at least as a poison. I have lately been told, on what I believe to be good authority, that one chemist alone in London has sent out an order for half a ton of the beans, which is far more than, in the present state of our knowledge of its use, the whole world is likely to want for purely scientific purposes for some time to come.

Considering the absence, after a dose of the bean has been taken, of any very prominent symptoms during life, or at least of such as would be likely to fix the attention of non-medical observers; the total absence of any organic change, or even of severe functional derangement in any of the organs or tissues; the difficulty of eliminating the active principle, and the want of a test for its presence, it is most desirable that the bean itself should not be too widely distributed or made too easy of attainment, or we may expect it will be substituted for other agents which do not promise the same immunity in their surreptitious use.

It has been stated by Dr. Harley, on theoretical grounds, and by Dr. Fraser, from the actual administration of it in several cases in which he thinks good effects have followed its employment, that the bean will become a valuable therapeutical agent in the treatment of disease where pain and vascular excitement exist. They appear to suppose that pain may be allayed by it instead of by opiates, and that vascular excitement may be calmed by it without the employment of direct depletants. I have not had experience in its effects upon the system when administered internally as a medicine. Should the favourable anticipations be proved by experience to be well founded, a valuable drug doubtless has been added to our Pharmacopœia. But knowing how easy it is to mistake the *post hoc* for the *propter hoc*, and how many sanguine hopes as to the value of new remedies have been doomed to forgetfulness by larger experience, I prefer to wait for this before expressing a decided opinion upon the value of it as an internal medicine in general disorders. I am not, however, so sanguine in the expectation of its being proved to possess superior virtues, in the control of cerebral and cardiac excitement, to other drugs with which use has made us more familiar, as these gentlemen are. That it may be safely administered I doubt not. Its deadly power is no argument against its employment. We daily use with confidence and success many remedies which possess at least equally poisonous properties, and should this one be found to be effective and constant in its action, doubtless it will soon be largely used. I am less sanguine in regard to these points than as respects the former. As an external remedy in the treatment of rheumatic and neuralgic affections, it may not improbably be beneficial. The tincture, applied by means of a camel-hair pencil two or three times a day, or added to a soap liniment and used over the painful part, are worth the trial.

(To be concluded.)

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum, et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

THE OPERATION FOR THE RADICAL CURE OF RUPTURE.

(Under the care of Mr. WOOD.)

A. F——, aged twenty-five, a constable in the Irish constabulary, admitted into Victoria ward for a right oblique inguinal rupture of three years' standing, descending into the scrotum, and hitherto retained with difficulty by the trusses he had worn, under which it was constantly slipping down into the scrotum.

October 17th, 1863.—To-day Mr. Wood operated upon the patient, in the presence of Professor Pirrie, of Aberdeen, and numerous other visitors. Mr. Wood performed, on this occasion, the operation by wire, which he has used in all his later cases in adults with much success. As now performed by him, the proceeding seems to have been much simplified, and is effected with great freedom, ease, and celerity.

The first step consists in an oblique incision, one inch long, into the scrotum, over the fundus of the rupture, with a small, narrow-bladed knife. The fascia of the part is then separated from the skin for the space of an inch round the edges of the incision by turning the knife flatwise under the skin. The denuded fascia is then invaginated upon the index-finger into the hernial canal as far as the internal ring. The edge of the con-

joined tendon of the internal oblique and transversalis muscles is then carefully felt for, and raised upon the finger towards the surface. A stout, strong needle, mounted in a handle, is then passed along the finger, and pushed through the conjoined tendon and the inner pillar of the superficial ring. When its point is seen to raise the skin of the groin, the latter is drawn inwards by an assistant to its utmost extent, and the point of the needle is then pushed through it. The bent end of a piece of stout copper wire, silvered (two feet long), is then hooked on to the eye of the instrument, and drawn with quick movement through the groin and scrotal incision. The needle is then disengaged; the finger again introduced into the canal, and placed behind Poupart's ligament, just below the internal ring. The needle is again passed to the outer side of the finger, and, guided by its point, is made to traverse the middle of the ligament while raised upon the finger. The skin is then drawn outwards until the point of the needle can be made to pass through the groin puncture before made. The opposite end of the wire being then hooked on, is drawn back with the needle into the scrotal incision, leaving the middle of the wire as a loop issuing from the groin puncture. The sac of the rupture opposite the scrotal incision is then pinched up between the finger and thumb, and raised from the spermatic cord, which slips away from the pressure. The needle is then passed across the sac, entering at one end of the incision, and emerging at the other. The inner end of the wire is again hooked on, and drawn through or behind the sac close upon the spermatic cord. The two ends are then twisted down into the scrotal incision. Traction is next made upon the upper loop of wire, and by this means the fundus of the sac and its scrotal coverings under the skin are invaginated into the canal as high as the deep ring. The loop is then twisted firmly down into the groin puncture, holding the invaginated parts firmly in their new position. Lastly, the wire loop is bent down to meet the lower ends of the wire, which are bent upwards and fastened to it by a hook cut off at a convenient length. A stout pad of lint is placed under the wire arch thus formed, and a spica bandage placed firmly over all.

On this occasion Mr. Wood showed two patients on whom he had operated a year and ten months and fourteen months before respectively. The first was a muscular adult male, in whom the rupture was direct and scrotal, and one of the largest he had ever operated on, trusses being quite inefficient. Since the operation he had been subjected to very heavy work as a market-garden porter. When examined to-day in the operating theatre, the rings were found quite closed, and no impulse could be felt or seen on coughing violently; in fact, the condition of the side operated on was better and more resisting than the other. The second case was that of a little child aged one year and a half at the time of the operation, and one of the youngest patients he had operated on. The rupture was large, scrotal, and congenital, and no truss had been found to retain it. The operation was performed by the use of the rectangular pins. On being tested in the theatre, no impulse whatever could be detected in this case. The truss had not been worn for some time previously.

In his clinical remarks, Mr. Wood observed that he had now operated in more than eighty cases, of which more than two-thirds had turned out so far complete cures. Several more had been improved by the proceeding so much that the use of trusses was rendered easier and more effective. These had been generally very large and unmanageable cases occurring in adults of a late period of life. The symptoms following the operations as he now performed them—viz., with wire on adults, and with the rectangular pins on boys and children—were so mild as to be scarcely worth recording. The wire or pins were kept in from ten to fourteen days, the patients seldom staying longer than a month in the hospital. From time to time he had shown cases in the hospital which had been operated on from two to five years previously, and remained quite cured after leaving off the truss altogether. Mr. Wood also called attention to the peculiar kind of truss which he recommended to be worn both before and for some time after the operation. That for oblique inguinal rupture was provided with a boxwood pad of a horseshoe shape, which pressed upon the pillars of the superficial ring without forcing the integuments into the inguinal canal, and thus dilating it. That for direct hernia was in the shape of an ovoid ring, which had the same but a more direct effect. In particular cases these truss-pads were provided with springs to regulate the direction of the pressure independently of the side springs. These trusses were perfectly comfortable and easy to wear, and had in some instances produced remarkable effects in closing up the hernial canal.

Nov. 5th.—To-day the wires were withdrawn, in the case above first described, without difficulty. The patient has been perfectly well, and the wound has discharged so little as to require dressing only a few times. A large amount of consolidation is felt in the inguinal canal, producing a slight amount of swelling of the testicle. The patient enjoys very good health and spirits.

WESTMINSTER HOSPITAL.

OPERATION FOR RADICAL CURE OF INGUINAL HERNIA WITH WOOD'S HERNIA PINS; CURE.

(Under the care of Mr. CHRISTOPHER HEATH.)

CHAR. B——, aged twelve, was admitted into Luke ward on the 13th October, 1863, with a congenital inguinal hernia of the right side. The hernia protruded readily upon the boy's coughing, and had on one occasion lately been strangulated, when it was returned with difficulty by Mr. M'Donough of Clapham. The hernia was of the size of a hen's egg; and when returned, the little finger could be readily passed into the inguinal canal.

Oct. 20th.—Mr. Heath performed Wood's operation for the cure of hernia with two hernia-pins, but had some difficulty, owing to the small size of the parts, and the fact that one of the pins bent. The pins were fastened together with a strip of lint, and the patient was put to bed.

21st.—The boy had a good night's rest, and does not complain in any way.

27th.—There have been no symptoms in the case from the first. To-day, as there was a little suppuration about the pins, they were both withdrawn.

30th.—The punctures have healed, and the parts appear well consolidated. To wear a simple bandage.

Nov. 10th.—Discharged cured. The groin is quite firm and consolidated. On coughing, an impulse can be seen and felt to reach as far as the internal ring, where it ceases abruptly, and the finger introduced into the canal feels it thoroughly blocked up.

OPERATION FOR RADICAL CURE OF HERNIA IN AN INFANT; DEATH FROM CONVULSIONS.

J. M'G——, a healthy male infant aged twenty months, was brought to the hospital on the 7th July, 1863, suffering from an inguinal hernia of considerable size, which had baffled all attempts at retention by truss or bandage. Mr. Heath proposed to operate, to which the parents consented.

On July 10th the operation was performed under chloroform, two of Wood's hernia-pins being used in the usual way.

On the 11th the child was brought to the hospital to be seen, when everything promised well; there was a little œdema about the scrotum, but no appearance of descent of the intestine. The child appeared quite well, but the bowels were constipated. In the evening the mother came to the hospital to say the child was in a fit, and she was told to bring it at once to the hospital, where it received every attention from the house-physician, but died in half an hour in convulsions. No post-mortem examination was allowed.

This is one of the few fatal examples of this generally very successful operation; and it may be doubted whether the convulsions were in any way connected, although coincident, with the operation.

ST. MARY'S HOSPITAL.

INERTIA OF THE BLADDER, WITH STAGNATION OF URINE; SUCCESSFUL EMPLOYMENT OF BENZOIC ACID; CURE.

(Under the care of Mr. URE.)

OUR readers are aware that, in a paper published in the twenty-fourth volume of the "Medico-Chirurgical Transactions," Mr. Ure pointed out the remarkable circumstance that benzoic acid is converted in the human body into hippuric acid—a fact upon the importance of which Baron Liebig laid great stress in his work which subsequently appeared "On Animal Chemistry." The successful application of this change to therapeutics is exemplified in the following case:—

F. F——, aged forty, a strong-built man, was admitted on the 7th ult., under the care of Dr. Alderson, with deficient

motor power of the lower extremities and difficulty of evacuating urine. He had been under medical treatment for a week or two before admission—namely, from the time he became affected in the manner described. He was gradually recovering the power of his limbs, but was unable to empty his bladder. Mr. Ure took him under treatment, at Dr. Alderson's request, on the 17th ult. He could then discharge only a few drops of urine. The urine was of a dark reddish-brown colour, highly ammoniacal, and containing a quantity of ropy mucus, mixed with a little pus. It was of so acrid a quality as to have excoriated the orifice of the urethra. Mr. Ure directed ten grains of benzoic acid to be given thrice a day in mucilaginous mixture, and the urine to be withdrawn morning and evening by means of the catheter. In the course of a couple of days there was a notable improvement as regarded the state of the urine. It was no longer ammoniacal, had assumed a deep amber colour, and contained much less ropy mucus than it did. The man felt much more comfortable in himself also than previously.

Oct. 22nd.—As the urine still contained some ropy mucus with a trace of pus, Mr. Ure ordered ten minims of balsam of copaiba to be exhibited along with each dose of benzoic acid.

28th.—There was sustained improvement in the state of the patient; the appetite was good. He had recovered the use of his limbs; he could void urine, though in a small stream, which was at times spiral or forked.

Nov. 2nd.—He was able to pass a fair stream of urine. As the copaiba mixture had disagreed with him, it was discontinued, and Mr. Ure prescribed fifteen minims of tincture of sesquichloride of iron, to be taken thrice daily in infusion of quassia.

9th.—Continued amendment; has been able to walk about the ward with ease. Urine examined, and found normal.

11th.—Discharged cured.

In some clinical observations on the case, Mr. Ure remarked that he considered it as one of inertia of the bladder, accompanied with stagnation of urine, and dependent on impaired nervous influence. The man had never complained of any pain, and the catheter could always be passed with most perfect ease, showing that there was no material obstacle to the flow of urine. The beneficial effects of the benzoic acid in promptly altering the morbid condition of the urine, and thus arresting its acrimonious action on the mucous membrane of the bladder and urethra, were well marked, aiding thereby, so to speak, the bladder to recover its contractile force.

GUY'S HOSPITAL.

CASES OF PLASTIC OPERATION ON THE PERINEUM.

(Under the care of Mr. THOS. BRYANT.)

SOME time since we published a series of cases of plastic operations upon the perineum which had been successfully treated by Mr. Bryant at the above hospital; we propose to-day to continue the series, and to give the details of some few of the most interesting cases which have fallen into the hands of the same surgeon, commencing with examples of simple laceration of the perineum down to the sphincter ani but not through it, and then passing on to others in which the sphincter and recto-vaginal septum have been involved in the laceration.

LACERATION OF THE PERINEUM DOWN TO THE SPHINCTER AFTER NATURAL DELIVERY; OPERATION; RECOVERY.

H. S——, aged thirty-two, a delicate-looking woman, residing at Deptford, was admitted under the care of Dr. Oldham and Mr. Bryant on Nov. 4th, 1861, having received the injury for which she came into the hospital seven years previously. The labour had been a tedious although a natural one. Ever since that date she had experienced great weakness at those parts, always feeling a bearing-down pain after exertion, accompanied with a sensation as if the whole pelvic organs were falling down.

On examination, it was at once observed that the whole thickness of the perineum had been completely lacerated down to the very margin of the sphincter, and the anterior wall of the vagina was falling forwards. She could, however, retain her fæces as well as flatus.

On Nov. 21st, the patient being under the influence of chloroform, the operation was performed. Mr. Bryant took away the whole margin of the lower portion of the vaginal orifice up to the point of laceration, and brought the edges of the wound together with metallic sutures introduced at some distance from the margin of the wound, fastening the twisted extremities of the wires with a compressed perforated shot. An opium suppository was then given, and she was ordered a grain of opium every night, to keep the bowels quiet.

On Nov. 28th the sutures were removed, as the wound had healed; and the woman soon left the hospital cured, wearing for a time a good perineal pad as a supporter.

LACERATION OF THE PERINEUM DOWN TO THE SPHINCTER, AFTER AN INSTRUMENTAL DELIVERY; OPERATION; RECOVERY.

Sarah B——, aged twenty-nine, a married woman, was admitted, under the care of Dr. Oldham and Mr. Bryant, on the 1st of July, 1863. She had been confined of her first child twenty-two weeks previously, the labour having been a tedious one, and assisted by instruments.

When admitted, a most complete laceration of the perineum was observed, passing quite down to the sphincter, which appeared very thin, but she had control over the bowels' action. On July 23rd, the patient being under the influence of chloroform, the operation was performed. A free section of the whole surface of the lacerated part was made, and three metallic sutures introduced, the ends being protected and fixed by means of perforated shot. On the eighth day the sutures were removed, union having taken place. Enough opium was given to keep the bowels quiet after the operation, and for two weeks constipation was maintained; at the end of that time an enema was given with great relief. The patient left the hospital cured.

LACERATION OF THE PERINEUM DOWN TO THE SPHINCTER, AFTER NATURAL LABOUR; OPERATION; RECOVERY.

Fanny C——, aged thirty-three, was admitted Sept. 16th, 1863, under the care of Dr. Oldham and Mr. Bryant. She had been confined twelve years previously, her labour having been a tedious one; and it was at that date that she had sustained her present injury. She had been operated on eight years since at another metropolitan hospital, and a delicate union had been obtained, but this had gradually yielded, and left her as bad as ever.

When admitted, the total absence of the perineum was very manifest, and this was accompanied with great prolapse of the anterior wall of the vagina. On Oct. 7th the operation was performed, the patient being well under the influence of chloroform. A very broad section of the lacerated part was made, at least an inch of raw surface being exposed on each side of the perineum and on the posterior vaginal wall, the object being to obtain a thick and firm perineum. Four sutures were introduced, and their ends fixed, as in the other cases, with perforated shot. A good recovery followed. The sutures were not removed till the fifth day, as they were not causing any irritation; and but little opium was given. On the sixteenth day the bowels acted naturally, and a good, sound, and solid perineum was obtained, the patient leaving the hospital quite well.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, NOV. 10TH, 1863.

MR. PARTRIDGE, PRESIDENT.

SOME preliminary remarks were made by the President, which were noticed in THE LANCET of last week.

ON THE TREATMENT OF FROSTBITE BY FRICTION WITH SNOW, FOLLOWED BY INCISIONS.

BY A. ROWAND, M.D.,

SURGEON TO THE MARINE HOSPITAL, QUEBEC.

THE method adopted by the author is as follows:—After reaction had been induced by careful friction with snow, incisions were made into the diseased structure. This treatment was adopted by the author in two cases, the details of which he gave. He further remarked that incisions were useful, not only in preventing inflammation and mortification caused by too great reaction, but by setting the blood in motion also, when it has been stopped by the action of the cold, and should be employed consequently at an early period.

A CASE OF CANCEROUS INFILTRATION OF THE ENTIRE PENIS; SECONDARY DEPOSITS.

BY HOLMES COOTE, ESQ., F.R.C.S.,
LECTURER ON SURGERY AT ST. BARTHOLOMEW'S HOSPITAL.

A man was admitted into St. Bartholomew's Hospital, under the care of Mr. Coote, with cancerous infiltration of the entire penis. It was found that he could not inhale chloroform without showing alarming symptoms of collapse. In the course of a month he died. On examination afterwards it was found that the whole penis was occupied by soft cancerous deposit; that there was a cancerous ulcer of the bladder; cancerous deposits in the lungs and bronchial glands, and several of the bones. The head was not examined. The heart was in a state of extreme fatty degeneration.

In reply to the President, Mr. COOTE said that there was no enlargement of the inguinal glands, but there was of the glands in the pelvis. The phimosis was not congenital.

Mr. FERGUSSON wished to hear the opinion of members of the Society as to the precise significance of the words "primary" and "secondary" in reference to cancer. Scirrhus of the breast, he said, was limited in its range of diffusion. It secondarily affected the axillary glands, but rarely spread to distant parts. He thought it would be of great importance to define more accurately the meaning of the term "secondary cancer." Was it meant that cancerous matter was actually carried along the veins to distant parts? He himself would suggest that both the primary and the secondary (so-called) deposits of cancer were due to the same general condition of the system. He concluded by remarking on the interesting and unusual nature of the case.

Mr. SHAW said that the interest of the case lay in the cancer being scirrhus, and not epithelial, as is generally the case in cancer of the penis. Epithelial cancer was not wont to infiltrate the penis, as in this case; and again, epithelial cancer generally affected the inguinal glands, while in this instance it did not. He differed from Mr. Fergusson as to the diffusion of scirrhus cancer being limited.

A Member referred to a case recorded by Dr. Warren of America, in which cancer of various forms infiltrated the penis. He considered that Mr. Fergusson's suggestion was an important one, and asked for the opinion of eminent microscopists as to the possibility of recognising the elements of cancer in the blood.

Mr. MOORE was surprised to hear that the subcutaneous injection of morphia caused so much pain. He referred to cases in which it had been used after painful operations, before the patient had recovered from chloroform, with great advantage.

Dr. JENNER agreed with Mr. Fergusson that the word secondary was not used with any very definite meaning. We talk, he said, of secondary cancer, but never of secondary tubercle. As a pathological anatomist, he agreed entirely with Mr. Fergusson.

Mr. COOTE replied that the subcutaneous injection of a strong solution of morphia, as practised at the Middlesex Hospital, had been found extremely useful in alleviating severe pain in cancerous as well as in other diseases, and he could not account for the fact of the patient disliking the measure in this particular case. In answer to Mr. Fergusson's objection to the use of the term "secondary" cancerous deposit, he would observe that he used the words "primary" and "secondary" solely in relation to time. He was not aware that microscopic examination had confirmed the idea that cancerous elements could be detected in the blood of those suffering from this disease. Indeed, he thought it more than probable that the formation of such morbid deposits was due to deviations from the ordinary course of normal development in the solid constituents of the body.

CASE OF MUCOUS CYST ON THE LARYNGEAL ASPECT OF THE EPIGLOTTIS, SEEN BY THE LARYNGOSCOPE, AND SUCCESSFULLY TREATED BY INCISION.

BY ARTHUR E. DURHAM, ESQ., F.R.C.S.,
ASSISTANT-SURGEON TO GUY'S HOSPITAL.

The patient, a very intelligent lad, aged eleven years, was admitted into Guy's Hospital, under the care of Dr. Wilks, on June 10th, 1863. He had for three years suffered from gradually increasing impairment of voice, and difficulty of breathing and swallowing. On admission all his symptoms were very severe: he complained of pain, increased by pressure, about the larynx; he did not breathe freely: his voice was reduced to a low whisper; solids seemed to stick in his throat, and he could only swallow liquids with difficulty. During the night of the 14th he was seized, as he had previously been on several occasions, while asleep, with a very severe attack of dyspnœa. Tracheotomy was upon the point of being performed, but was delayed by the desire of Dr. Wilks, and on the following morning Mr. Durham was requested to make a laryngoscopical examination. On doing so, the epiglottis could not be distinguished in its normal form, but instead there appeared a large, round, tense tumour, projecting backwards and downwards, and completely covering in and concealing the glottis. On either side and rather behind this, portions of the arytenoepiglottidean folds could be seen, swollen and apparently œdematous. The tumour could be just reached by the finger. Feeling certain that it contained fluid, Mr. Durham, with the concurrence of Dr. Wilks, at once proceeded to make an incision into it by means of a long, curved, sharp-pointed bistoury, partially surrounded with sticking-plaster. The incision was followed by a sudden gush of thick glairy mucus, mixed with a little pus and blood, which, on subsequent examination, proved to be precisely similar to the contents of a ranula beginning to suppurate. All the patient's symptoms were at once relieved, and in the evening he was singing in his bed. In the course of a few days he was perfectly well. Examinations were made from time to time, and it was interesting to watch the gradual subsidence of the œdema, and the return of the parts to their normal condition. The patient was last examined nearly four months after the operation; he was in every respect well. There was no appearance of the cyst, (for such evidently was the nature of the tumour,) but the cicatrix of the incision could be just distinguished on the lower part of the laryngeal aspect of the epiglottis.

Dr. MORELL MACKENZIE observed that the case brought forward by Mr. Durham was extremely interesting, and he believed unique. Though we might naturally expect to find muco cystic polypi in the larynx, they seemed scarcely ever to occur, and he had never seen a case of the sort with the laryngoscope, nor was there any such case in the museums of the London hospitals. He had met with cases of chronic œdema of the larynx, in which the symptoms and even the laryngoscopic appearance were very similar to those related in the present case. In estimating the value of recorded cases in which growths have been removed from the larynx, it must be borne in mind that there are two principal kinds of operations. In one of these the growth is actually brought away, and can be seen after its removal; whilst in the other the growth is not brought away, but its base is cut through and it falls into the larynx. The former happens when forceps are employed; the latter when cutting instruments or wire-loops are used. In order that this latter class of operations should have the value of scientific facts, the previous existence of the growths ought to be verified by more than one acknowledged laryngoscopist. The testimony of those entirely unaccustomed to the use of the laryngoscope is of no use in such cases. He had always found, in demonstrating the laryngoscope, that novices would see almost anything he described to them. Under these circumstances, he thought that in all those operations where growths were removed by instruments which did not bring anything away, the previous existence of the excrescences required the verification of at least two laryngoscopists.

Mr. HOLMES COOTE thought that Mr. Durham's description ought to be accepted as accurate, as he was not likely to make a mistake in examining the larynx or any other part of the body.

Dr. PALFREY thought that Dr. Mackenzie had not followed the paper. The point was not, should the larynx be examined by several observers, but that the instrument enabled us by a simple operation to relieve a severe condition of the larynx, which, without its use, would have necessitated tracheotomy.

Mr. ARNOTT said that several years ago he removed part of a cyst which projected externally below the os hyoides. Its attachments were deep, so that he could not remove the whole of it. He considered that Mr. Durham's description of the cyst was quite correct.

Mr. SOLLY said that one very satisfactory point was that the relief was permanent; the sac did not refill, the operation having been done on June 15th, and the boy being now quite well.

Mr. BIRKETT remarked that the fluid had been examined by the microscope. He felt disposed to class the tumour with ranula.

In reply to the President,

Dr. MACKENZIE said that in the case of œdema of the larynx that he had related the symptoms had entirely disappeared three days after the operation. Dr. Mackenzie said that his

remarks as regarded the verification of cases did not apply to Mr. Durham, whose observing powers were of a very high order. In his case, after the incision a glairy mucus had come away; his remarks especially referred to cases of excrescence in which the growth was supposed to drop into the windpipe.

Mr. DURHAM, in reply, said he thought Dr. Mackenzie could scarcely have seen a case of œdema, or he would not have doubted the diagnosis in his case. It was a large, rounded swelling, nearly filling the larynx, and big enough to interfere with swallowing. The reason why the cyst had not refilled was that inflammation had occurred, and it had quite closed up. The boy was now quite well, and his future progress should be communicated to the Society.

OBSTETRICAL SOCIETY OF LONDON.

NOVEMBER 4TH, 1863.

DR. BARNES IN THE CHAIR.

DR. ASHFORD (Birmingham), Mr. Hammet Hailey (Newport Pagnell), Mr. Wm. Murphy (Willingham, Gainsborough), and Mr. R. B. Walters, were elected Fellows of the Society.

VAGINAL LITHOTOMY.

Mr. BAKER BROWN exhibited a calculus, weighing two ounces and five drachms, which he had removed from the bladder by vaginal lithotomy. The stone had apparently been in the bladder for eight years. It was removed through an incision extending from the neck of the bladder to near the os uteri. The wound was afterwards closed by seven silver sutures, and the patient recovered without a single bad symptom.

ON COMBINED EXTERNAL AND INTERNAL VERSION.

BY BRAXTON HICKS, M.D., F.R.S.,
ASSISTANT OBSTETRIC PHYSICIAN TO GUY'S HOSPITAL.

The author read a paper on his mode of turning, which might be called "bimanual version;" and brought forward twenty cases in which he had operated, including eight cases of placenta prævia, one of accidental hæmorrhage, and two in which he had changed arm presentations into cephalic, in both of which the children were born alive. After alluding to the discovery of the mobility of the fœtus made by the Germans, and also to the plan of pushing on the child by one or two fingers through the os, he proceeded to show the mode of combining both movements, by acting on both extremities of the child, with a much greater certainty as to the result in the majority of cases requiring version. He pointed out the principles on which the plan was based—viz., the mobility of the child in utero, varying according to the activity of the uterus; the position of a knee within a short distance of the os, when the child was transverse; the ease with which the breech was brought to the os with the foot upon it, when the child was already transverse. The movement of the child in utero was accomplished by pressing on one side of the breech at the fundus, in ordinary head presentations, by a series of gentle palpations; or by a gliding pressure on the abdominal parietes, so as to follow up the fœtus as it recedes under the impulse, by continuing of which the breech is brought to the middle of the uterus on one side; at the same time, the head is pushed up by a finger or two through the os, so as to raise it above the brim to the middle of the uterus on the other side. The child being thus more or less transverse, the knee can be generally easily seized; if not, the breech must be depressed to the os, and the foot secured. Dr. Hicks dwelt upon its easy application to placenta prævia, as shown in the cases he recorded; and stated that it was particularly of use in those cases where the os was so little dilated that the hand could not enter. He, however, laid great stress upon the importance of not using any more traction than the weight of the arm could produce, whereby the child was used as a plug, while time was given to rally the patient, for the os to dilate, and for the pains to come on. In almost every case he waited for natural efforts to deliver, only gently assisting. He had in none seen the slightest bleeding, internal or external, after the leg was once fairly through. Dr. Hicks then pointed out the mode of producing cephalic version, which he had found very practicable in certain cases of transverse presentation, by placing the head, already secured between the outside and inside hand, into the os, and retaining the external hand on the head till the uterus had moulded itself to the form of the head and shoulders. He also showed that this mode of pressing the head into the os was a means of restoring prolapse of the funis in some cases, as occurred in two cases recorded by him, and thought it would in similar cases be found to be a satisfactory mode of treatment. Allusion was then made to the advantages of early version, and to the class of cases to which it was applicable. The circumstances that arose to interfere with the plan were pointed out, and the means of combating them. The author remarked, that although in confirmed arm presentations it was scarcely possible to expect this plan to succeed, yet these cases need seldom occur to a vigilant practitioner, as he had the means of avoiding such cases, if called early, by bimanual version. Perhaps the greatest value of this mode is the capability of version long before it can be performed by any other method.

Dr. CLEVELAND inquired whether, in practising the operation now recommended, the right hand could be employed within the vagina as well as the left. This was important, as many practitioners were accustomed to use the right hand for manipulations, and to such the use of the other hand might prove awkward.

Mr. BAKER BROWN remarked that he had no doubt that the plan recommended by Dr. Hicks would be found in many cases most useful, although at first more difficult than the old plan. He (Mr. Baker Brown) looked upon the operation of turning as one of the simplest and easiest in obstetric surgery. In reply to the last speaker, Dr. Cleveland, he believed that the left hand should always be employed, because, the patient lying in the usual position on her left side, the convexity of the hand would pass readily into the hollow of the sacrum; whereas, if the right were used, it would be found very difficult to twist the arm round to introduce the hand with facility into the womb.

Dr. BROADBENT related a case which occurred to him four years and a half ago, when resident obstetric officer to St. Mary's Hospital, in which he was compelled to resort to the method of turning described by Dr. Hicks, from the impossibility of effecting version in the ordinary manner. He was sent for to a woman in puerperal convulsions, so severe that, soon after reaching her, she was for a time supposed to be dead. As respiration became re-established, chloroform was administered. On examination, he found the posterior part of the os and cervix uteri affected with cancer, which involved so large a proportion of the circumference as to leave no hope of dilatation by the natural efforts. Deeming it necessary to effect delivery, he determined to turn. It was, however, impossible to introduce more than two fingers into the uterus, and these only by using a certain amount of force. His right hand was supporting the uterus externally, and the idea occurred to him to attempt the version by the co-operation of the two hands. The child was turned very readily; but great difficulty was experienced in getting the feet one after the other through the rigid os, and the head was extracted only after prolonged efforts. The child died from pressure on the cord; and the mother, becoming violently maniacal, and refusing all food, also died. He had been astonished at the ease with which the child was turned by the method in question, which, however, he had not subsequently again tried.

Dr. HALL DAVIS could from experience bear testimony to the practicability and value of the operation of turning the child by external manipulation, as proposed by Dr. Hicks. He must, however, confess that he had found Dr. Hicks's method most successful when conjoined with the introduction of two fingers of the left hand to hook down the knee, or of the entire hand when the foot could not otherwise be reached. In some cases he had found version by one foot impossible; he had then by bringing down the other foot effected his object with facility. In those cases of placenta prævia in which the patients had lost much blood, and turning was advisable, he thought the method now proposed, with or without the employment of two fingers internally, as circumstances might indicate, particularly valuable; as in these cases, from reflex action being in them more readily set up, the introduction of the hand into the uterus was attended with greater risk. Dr. Davis had in a few cases, to obviate turning, tested the practice of detaching the placenta from the cervix; but the hæmorrhage had continued. No fatal result followed, however, as the child was immediately brought down, and acted as a plug upon the bleeding orifices.

Dr. GREENHALGH mentioned a case in which he performed the operation of version by Dr. Hicks's method. He had adopted it at Dr. Barnes's suggestion, who had kindly given his assistance. The operation succeeded very well so far as the turning of the child was concerned, and the circumstances were such that turning by any other method would have been impossible; but the difficulty afterwards experienced in extracting the child—the pelvic inlet being very greatly narrowed—

was so great that it was necessary to perform the Cæsarean section.

Dr. BARNES called attention to the extreme value of the paper as tending to advance the cultivation of the hand as an obstetric instrument. The case described by Dr. Greenhalgh was one in which the advantages of Dr. Hicks's method of turning were most remarkably illustrated. The pelvis was so contracted that it was simply impossible to do more than squeeze the two fingers in between the tumour and the symphysis pubis; yet the turning was fairly accomplished, although for want of space it was still impossible to grasp the foot which had been brought down. He (Dr. Barnes) had performed the operation of turning about 110 times during the last five years, and he might say that in almost every instance he had derived more or less assistance from the adoption of the principle of this method. That principle consisted simply in acting upon the two poles of the long diameter of the fœtus at the same time. Just as in the case of a Chinese ball contained within another, if you pressed upon one point only, the inner ball would not revolve; but if you pressed upon opposite poles in opposite directions at the same time, the ball would revolve easily: so it was with the fœtus in utero. The general application of this principle in turning had been developed in his practice gradually as difficulties arose. He had first been led by Dr. Simpson's recommendation to use the right hand externally to support the uterus, and then he was not long in discovering that the hand outside might often be made more useful in effecting version than even the left hand inside. Thus he had for some years put in practical operation the bimanual method, and had frequently turned without introducing more than two fingers into the uterus. But he was glad to acknowledge that he had not fully grasped the principle of the operation, nor carried it into practice with entire comprehension and accuracy, until after reading Dr. Hicks's excellent description. It was right to refer to the history of this operation in reference to the researches of others. In 1807, Wigand published an admirable memoir, in which he fully described the principle and method of turning by internal and external manipulations. But this memoir had been unaccountably neglected. Although his name was quoted, what he had written appeared to have produced little or no effect upon practice. The memoir had, however, of late years been translated into French, and from that translation Cazeaux had largely quoted in his System of Midwifery. Martin in 1850, and Esterle, an Italian professor, in 1859, since dead, appeared to have well understood the principle. But these and others generally preferred the cephalic version, and their writings, although quoted at times, had not influenced practice. In no text book, except Cazeaux's and Hohl's, was there any allusion to this improved method of turning. The speaker had acquired such confidence in its use, that, although he had been several times called in to exviscerate after other practitioners had spent many hours in vain attempts to turn, he had never yet failed to deliver by version, and he had not yet been reduced to the unpleasant necessity of exviscerating. One secret of success lay in obtaining an accurate idea of the position of the fœtus; and here he would say that there was no true transverse presentation such as was figured in many text-books. In all these cases the fœtus lay obliquely in reference to the pelvic brim; the head was never far remote from the os uteri, the breech was elevated to a higher level than the head, and the knees were generally near the lower segment of the uterus—not far to seek; so that by pushing the shoulder and head on one side, whilst the external hand pressed down the breech, the fingers passed through the cervix might easily seize one or other of them. There was one point in the operation which he did not think Dr. Hicks had described with sufficient care. As soon as the knee was seized, the mode of assisting by the external hand must be changed: at this stage the right hand should be brought down so as to receive the head in the palm, which should then be pressed upwards away from the brim and iliac fossa, whilst gentle traction should be exerted upon the limb grasped by the left hand. In this manner we had the full advantage of the principle of leverage upon the two extreme poles of the child, and the version is completed with remarkable ease. He had sometimes even been enabled by this manœuvre to elevate the head and shoulder from the brim in cases of extreme difficulty, so as to give space for the introduction of the hand, which was otherwise impossible. The obstacles to this method which he had found the most difficult to deal with arose in certain cases of dead children where decomposition had advanced so far as to destroy all elasticity and resiliency in the fœtal spine. Denman was, he believed, the first who clearly pointed out how the death of the child was *per se* a cause of difficult labour, and Hohl had very fully discussed this subject. To effect evolution by acting upon one or other or both poles of the long diameter of the child, it was essential that that long diameter—represented by the spine—should preserve a certain degree of rigidity or elasticity; otherwise, when traction was exerted upon a limb, the only effect was to compress the fœtus into a mass which moulded itself to the resisting structures. Another difficulty arose in cases of premature labour, partly from the small undeveloped condition of the uterus which impeded manipulation, and partly from the want of rigidity of the fœtus—also the result of immaturity—which led to its being compressed by the spasmodic contraction of the uterus into a compact ball. With regard to the use of this method of turning in placenta prævia, he fully recognised its merit. Although insisting upon the advantage of the principles of treating placenta prævia which he himself had introduced, he was always ready to avail himself, according to the necessity of the case, of other aids. The total detachment of the placenta was not true to physiology—it was bad in practice and quite superfluous; but the partial or cervical detachment was indicated, if for no other reason, to liberate the cervix and facilitate its dilatation, and therefore turning. As chloroform had been adverted to, he had one word to say upon that point. He fully recognised the value of this agent, and constantly derived signal advantage from its use; but the most positive experience had proved to him that unless full surgical anæsthesia were induced, it sometimes rather obstructed than facilitated turning. With regard to the objection that had been urged to the bimanual method, that it was liable to cause metritis, he could only imagine that this arose from an utter misconception of the nature of the operation. Inasmuch as it was only necessary to pass two fingers into the uterus, and the operation was accomplished with less force than by the old method,—if violence had anything to do with causing metritis, the least violent proceeding must be the more free from that danger. So easy was it at times, that he had on one occasion, in a case of placenta prævia, turned and delivered a child without passing more than two fingers into the vagina; he had not even turned back or soiled the cuff of his coat. In conclusion, he expressed his deep sense of the merit and usefulness of this memoir. He firmly believed it would exercise an important influence in improving obstetric practice in this country.

Dr. GRAILY HEWITT believed that all who had heard the paper now read before the Society would, however strongly prejudiced in favour of the older method of turning, have recourse to the bimanual method when suitable cases presented themselves. The author of the paper had brought the subject before the Society in a most able manner, and his statements were fortified by ample experience and observation. Dr. Graily Hewitt stated that he was unable to speak as to the value of the operation from personal observation. In all cases of turning, he had himself made very free use of the second hand externally, to steady the uterus, and so facilitate the operation, but he had not practised the "bimanual operation" in its entirety. It was undoubtedly a great object to do without the introduction of the entire hand into the uterus, but he would at the same time remark, as, indeed, the author had stated in his paper, that the risk attendant on introduction of the hand into the uterus had been very much over-estimated. He had frequently so introduced the hand, and had never seen the slightest injurious results. There was a point in reference to the operation of turning to which he would take occasion to allude—viz., the necessity for bringing down both feet; otherwise, as he had found by experience, great difficulty was liable to be encountered at a further stage of the delivery. In one case—that of a patient of St. Mary's Hospital Maternity, which he had attended, the difficulty in question was particularly observed, and he now made it a rule to secure both feet at first. The method of turning recommended by Dr. Hicks would be found most difficult of execution, as Dr. Hicks had stated, in cases of cross-birth where the arm presented and the uterus was forcibly contracted. In such cases, the introduction of the hand into the uterus would be absolutely necessary. He would beg respectfully to express his dissent from the opinion just announced by the Chairman as to the use of chloroform in such cases. In a case in which he had been called to assist a gentleman present, he believed, at this meeting, one arm and one leg lay in the vagina, and fruitless attempts had been made to complete the turning, the uterus being strongly contracted. In this case the effect of chloroform was most beneficial, allowing the introduction of the hand and the easy completion of the operation. In conclusion, he begged to express his obligations to the author of the paper for his interesting communication.

Dr. HICKS, in reply, wished it to be impressed upon those

who thought the method so very difficult that it was not so. In the first case in which he had resorted to it version was exceedingly easy. He was pleased at the testimony afforded by the case related by Dr. Broadbent. He did not recommend this measure in every case, but advised that mode to be employed which was most readily applicable to each case. He still, notwithstanding Dr. Barnes's opinion, adhered to what he had stated in the paper concerning its advantages. With respect to Wigand, he must apologise to him for having only mentioned his name with others. He had merely read the English works upon his suggestions, in which no allusion whatever was made to the inner hand. In no English book was any mention of the plan made. As he had no knowledge of Wigand's paper, he could not say anything further. The allusion of Cazeaux to him had been made since the publication of his (Dr. Hicks's) first paper. He had not found the premature age of the fœtus any considerable obstacle to delivery. Many of the cases brought forward in the paper were premature, and no particular hindrance was observed. In answer to Dr. Cleveland, he would state that the right hand could be easily used instead of the left, if the patient were placed on the right side.

THREE CASES OF RETROVERSION OF THE UTERUS.

BY ROBERT HARDEY, ESQ., M.R.C.S., HULL,
VICE-PRESIDENT OF THE SOCIETY.

The cases related presented features of interest from their rarity, and from other peculiarities. The first was a case of retroversion of the uterus, with prolapsus of the vagina, occurring immediately after delivery at the eighth month of utero-gestation. There was also retention of urine. By pressing back the tumour and keeping the bladder empty a cure was effected. In the second case there was retroversion of the gravid uterus about the fourth month, associated with ovarian tumour of the left side. The abnormal position of the uterus was rectified by manipulations, and the patient went to the full term. Unfortunately the patient died fourteen days after labour from strangulation of the intestine, which had become glued by inflammation round the pedicle of the tumour. The third case related was one of retroversion of the uterus with excessive hæmorrhage. The uterus was reduced to its normal position and the ovum extracted, the patient recovering perfectly. The woman thought herself near the end of gestation.

HARVEIAN SOCIETY.

Nov. 5TH, 1863.

DR. J. B. SANDERSON, V.P., IN THE CHAIR.

DR. CLEVELAND made some remarks as to the period at which premature labour ought to be induced in cases of albuminuria.

Dr. DEYSDALE mentioned a case where the diagnosis between ascites and ovarian disease seemed to him doubtful.

ON SOME OF THE DISEASES CONSTITUTING THE CONDITION COMMONLY CALLED AMAUROSIS.

BY ERNEST HART, ESQ.,
OPHTHALMIC SURGEON TO ST. MARY'S HOSPITAL, AND LECTURER ON OPHTHALMIC SURGERY IN THE SCHOOL.

The author said that amaurosis was not one, but many diseases, and that by the ophthalmoscope it was possible to distinguish in their early stages those deep-seated alterations in the choroid, retina, humours, and interior vessels of the eye, which without it could only be guessed at, and whose pathological change constituted a variety of diseases leading to blindness without change in the external appearance of the eye. Upon their diagnosis and treatment in their early stages rested the possibility of saving the patient's sight. If they were so recognised, sight could now, in the majority of cases, be saved; if they were not, it was lost. The subject was so wide that he proposed only to describe one or two of the most common conditions of deep-seated disease, such as were constantly met with in general practice, selecting those which were liable to be overlooked. Mr. Hart first briefly demonstrated the appearance of the fundus of the healthy eye as the starting-point of all comparison. In the normal eye the humours were perfectly clear; but he showed the opaque appearances which were presented under the ophthalmoscope by even the faintest traces of commencing cataract in the lens, and said that by this method of investigation the chapters in ophthalmology which treated of the distinction between cataract and amaurosis were cancelled. No difficulty could arise if it were used; while in some cases it was impossible to decide without it. This at once removed one blot from practice, and added an element of certainty which was very acceptable. He described the changes in the vitreous humour leading to dimness of vision—black spots, and shreds or veils before the sight, and showed that the nature of these also could be detected with certainty. When organic, they were commonly of syphilitic connexion, and admitted of satisfactory treatment. Other conditions leading to similar symptoms would be greatly aggravated by anti-syphilitic treatment. Here, too, the distinction could be precisely established. He then passed on to a serious class of diseases, in which the early symptom was increasing short sight, with some uneasiness, and, perhaps, slight lachrymation. These were the first objective signs of congestive inflammation of the choroid, involving the sclerotic, and leading to atrophy of that membrane around the entrance of the optic nerve. This atrophy leads to pouching of the membrance here (posterior staphyloma), and the increasing short-sightedness was consequent upon the retreating staphyloma. The use of glasses aggravated the disease. It existed in forty per cent. of the cases of defective vision. Mr. Hart traced its consequences through their series of pathological changes in the retina, vitreous, optic nerve, and lens, and said that this advancing short sight was a common and neglected sign of disease, producing a large proportion of the cases of irremediable amaurosis of advanced life. Whenever short-sightedness was found to be rapidly advancing, especially in youth, a careful opthalmoscopic examination ought to be made; if this were done, infinite suffering might be saved to many, and good done to all. Concave glasses were absolutely safe when the cause of short sight was in the lens and dioptric apparatus of the eye, but a source of danger and liable to abuse in that large per-centage of cases which he had described. The ophthalmoscope drew a sharp line between the two, and afforded the means of giving appropriate and definite advice in each case. Mr. Hart then described a form of amaurosis commencing with deep-seated choroiditis, of which the first step was dimness of sight at night, and gradually increasing limitation of the field of vision, which crept on slowly and imperceptibly through a course of years, until at the end it led to total blindness. The retina was slowly involved, and in the end became spotted with patches of pigment, which gave it the appearance of a leopard skin. The condition began by dimness of sight in youth, and ended in the slow and painless extinction of sight between the ages of thirty and forty. Mr. Hart illustrated this, with a demonstrating ophthalmoscope, in the person of a patient who had recently come under his care, and in whom the disease had for eighteen years been progressing unsuspected and untreated, nearly the whole visual field of the retina being now so affected. The prognosis of such a case was desperate. He then entered into details of treatment.

Dr. SANDERSON expressed the thanks of the Society for the instructive and practical information conveyed in the paper, and said it was to be wished that equal light could be thrown on many obscure diseases with which the physician had to deal.

The members then adjourned to a smaller room, where, by the aid of a simple form of demonstrating ophthalmoscope used by Mr. Hart in hospital teaching, they were able to inspect and appreciate examples of the early and late stages of the forms of amaurosis described.

Reviews and Notices of Books.

Shirley Hall Asylum, or the Memoirs of a Monomaniac. London: Freeman.

THAT class of metaphysicians who style themselves phrenologists, although they have totally failed in founding an anatomical basis for their system, have introduced, perhaps without being aware of it, an entirely new method of investigation into the facts and principles of psychology. Instead of simplifying by a kind of deductive analysis the phenomena of the human mind, and reducing them to a few elements, like Hume, who accounted for all the wonderful workings of human intelligence by the single principle of association, or like Paley, who degraded all morality into a calculation of personal advantage, Gall and Spurzheim, Combe and their followers, adopted a genuine inductive plan of inquiry. The individual man was first examined, and his idiosyncrasy, or peculiar, singular, and eccentric properties were ascertained and appreciated by com-

parison with those of his neighbours. Points of similarity and of divergence being discovered, a classification of characters under the heads of temperaments and constitutions became an easy and natural step in the inquiry. In a strictly philosophical manner they ascended from the particular to the general, and in a metaphysical sense they established a solid body of science, embracing truths available by the educator, the physician, and the statesman.

With all their ingenuity and perseverance, these enterprising speculators did not succeed in demonstrating the ghost of an organ in the structure of the encephalon; still less could they point out any apparatus by which the asserted influence of one organ upon another was carried out. In comparing, however, one imaginary organ with another, and in endeavouring to associate with certain portions of the brain various diversities in the endowments of single persons, (though applying to the results the terms of a novel and grotesque phraseology,) they were really most profitably employed in throwing into relief the idiosyncrasies and singularities of individuals, and thus discovering sources of weakness and of strength in human character, which might be directed, restrained, or developed by a judicious education. A light was thus shown by which the seeds of insanity and crime might be eradicated, and great qualities detected and fostered.

The most ardent advocates of phrenology have not ceased to claim these advantages as accruing from their system, and many of these writers have made really useful suggestions for the formation of curricula of study, for the administration of criminal justice, as well as the prevention and treatment of insanity. These important truths were intermixed, indeed, with much rank sophistry and arrogant rhodomontade; but now that cranioscopical fancies are no longer tolerated in physiology, good sense dictates our applying to use such genuine facts as may be found in these fasciculi of errors.

The author of this remarkable book—a medical man in affluent circumstances, who employs his time and professional skill in benevolent efforts to ameliorate the condition of the poor of this metropolis—is a studious physiologist, as well as an original ethical philosopher, and has overlooked no facts in this domain of psychology that were likely to promote his projects for alleviating the affliction of those unfortunates whom he considered as the most miserable of the human race—the insane. He has apparently found in the study of individual idiosyncrasies, eccentricities, singularities, and peculiarities, a true key for the detection, prevention, and cure of mental aberration.

This volume has had the singular fate of having its purpose thoroughly misunderstood. The general literary press, whilst lauding to the skies the style of the writer as rivalling in simplicity and force that of Goldsmith or Defoe, and praising the grace and delicacy with which he has managed to handle so difficult a subject as insanity, have, curiously enough, regarded the work as a collection of amusing fables composed entirely out of the imagination. Even *The Times*, which devoted a whole page to the analysis of the book, gravely rebuked the author for choosing for the play of his fancy such themes as the delusions and adventures of the inmates of a madhouse. The author cannot but consider this general misapprehension as a flattering tribute to his literary skill; but, in truth, in this composition, he had a much deeper purpose than the production of a few fascinating tales for the gratification of the indolent: that they have produced such an effect is merely a pleasing accident.

The several essays contained in this volume are in reality so many clinical dissertations on certain kinds of mania. Each case, of which the circumstances have been adroitly interwoven into a pleasing historiette, is actually a type of several, daily occurring in life, and may be profitably studied by the medical reader.

A careful perusal of these interesting cases shows that the writer constantly dwells on two main principles as the foundation of all successful treatment of mental maladies. The first axiom is, *that all insanity consists in the irregular action of the emotions*, whether good or bad. The second declares *that in all instances of insanity the patient has been in temper reserved and uncommunicative*, egotistically trusting to his own impressions, and refraining from candid discussion with others, who might thus correct at the very root false theories and feeble ratiocinations. These two axioms point out the importance of two principles in education which ought never to be neglected: 1st, the cultivation of a stoical control over all the feelings, even the good and the amiable; and, 2nd, the formation of habits of open avowal of all opinions and sentiments, and their manly vindication on all occasions. Moody seclusion and solitary meditation, fertile sources of mania, are thus avoided.

Our space will not permit us to enter into the particulars of these interesting cases fully enough to do justice to the argument of the author. We can only recommend our readers to peruse the work for themselves, and ponder over the highly suggestive narratives contained therein. Of the thirteen cases, five relate to the female sex; and the maladies depicted had their root in an excessively hysterical diathesis. Clara M'Gregor, whose husband was slain during the Indian mutiny, was confined with a male infant soon after the occurrence of that calamity, and immediately imbibed a morbid hatred of the child, which led her at last to an attempt to murder it. The second case is that of a French governess employed many years in tuition in a gloomy and distant part of Ireland, where she was deprived of cultivated society. She had no congenial mind to commune with, and through some inexplicable association she grew persuaded that she was Xerxes, king of the Persians. An English governess who believed herself made of glass forms the subject of the third case. The fourth is that of a cook who was persuaded that some lover was always in agonies of despair on account of her cruelty. The fifth case was merely the sequela of typhus fever. Of the male cases, three were affected with religious monomania. Excitable, imaginative people, moodily contemplating mysterious agencies which are beyond the pale of autopsy, fancy themselves associated, as agents, with supernatural powers, and become dangerous to themselves and others. A barrister is haunted with a guardian angel; a physician has acquired the power of performing miracles; and a poor youth converted to Romanism entirely loses his reason in the distractions arising from the high pretensions of ecclesiastical teachers. He believed in the supernatural influence of mouldering relics, and finally sank into a state of hopeless dementia. A clergyman devoted to epician tastes, being subjected to domestic calamity, seeks comfort in the bottle, and through the portal of delirium tremens enters the temple of madness. Two speculators, utterly ignorant of physical science, ruin themselves by mechanical inventions. An ill-tempered cynical writer for the public press, through a habit of depreciatory criticism, becomes thoroughly misanthropic, laughs at all human virtue, and finally loses all decent control over his conduct, and cannot restrain himself even on the most solemn occasions from demonstrations of boisterous hilarity. The last instance is the case of a tailor, who, after a life of unexampled meanness and selfish indulgence, with perfect want of sympathy with his kind, finds himself segregated from society by a wall of antipathy, gradually becomes the victim of delusions, and is thus qualified to be the inmate of a lunatic asylum.

Our readers will find this work full of original thought, and highly entertaining; and the psychologist will rise enlightened after its careful perusal.

OUR LIBRARY TABLE.

Excursion Chirurgicale en Angleterre. Lettres addressées à M. le Professeur Bouisson, par A. COURTY, Professeur à la Faculté de Médecine, Chirurgien en Chef de l'Hôpital Général de Montpellier. pp. 96. Paris and Montpellier.—Interested,

in common with many others of our professional brethren on the other side of the Channel, in the great success which has attended ovariotomy as practised in England, M. Courty—an eminent Professor at the great French Medical School of Montpellier—has paid us a visit, and, in a series of interesting "lettres," relates the results of his observations in England on the surgery of the female generative organs, and in particular on the operation of ovariotomy as performed by British operators. In a period of about ten days he witnessed six operations of ovariotomy in the metropolis, performed by three operators, Mr. Baker (here spelled "Backer") Brown, Dr. Tyler Smith, and Mr. Spencer Wells, of which operations four were followed by recovery, one had died, and the result in the other case was uncertain. M. Courty describes the operations he witnessed, and follows up his descriptions with an account of the opinions and practice of British authorities on the subject. He then discusses the important questions as to the justifiability of the operation, the causes of mortality, and the indications and contra-indications for the operation. On all these points M. Courty's observations are exceedingly interesting, presenting us with a complete summary of the latest views and practice of those whose opinions on these matters are entitled to be received with every respect. We learn from him that Dr. Keith, of Edinburgh, has operated five times in eight months, curing four out of the five; and that Koeberlé, of Strasbourg, has in the course of the last year operated eight times, in six successfully. It is evident, therefore, that the operation is becoming successful out of the metropolis, and that the labours of British practitioners are bearing fruit. M. Courty expresses himself in terms of great admiration of the "audacious initiative" and the "profound science" of those eminent men who have, in perfecting this operation, effected so great a conquest for surgery. M. Courty is entitled to our thanks, not only for so truthfully representing our medical opinions and practice, but for the very genial way in which he expresses his appreciation of our national character. Apart from the medical aspect of the little work before us, it is interesting as containing a true and accurate description of the "English at home."

On the Characters, Actions, and Therapeutic Uses of the Ordeal Bean of Calabar. Graduation Thesis, 1862. By THOS. FRAZER, M.D. Edin. pp. 44. Edinburgh: Oliver and Boyd.—*A Brief Account, &c., of the Ordeal Bean of Old Calabar.* By GEORGE HARLEY, M.D. pp. 16. London: Richards.—Dr. Frazer is the physician to whom, next to Dr. Christison, we are mainly indebted for the introduction of the Calabar bean into practice as an ophthalmic and medicinal agent. He has extended and fertilized the first researches of Dr. Christison, and this thesis is a complete repertory of information on the subject. The physiological properties of the bean have been fully investigated by several authors:* as to the therapeutical properties, Dr. Frazer attributes to it a capacity of *allaying morbid excitation of the spinal system*, which indicates its use in tetanus and all hyperæsthetic conditions of the cord; a *sedative action on the heart*, which is of value in erysipelas, delirium tremens, febricula, acute bronchitis, and rheumatic fever; local anodyne properties in neuralgia, and the power of destroying the parasites of the skin. Dr. Harley's paper is an interesting *résumé* of the known facts, of which he has proved the accuracy by repeating the experiments. Dr. Harley concludes, from several experiments of Dr. Sharpey, that the action of the Calabar bean on the heart is not that of a cardiac poison, as circulation continues after apparent death from its action; and that it paralyses the motor and not the sensory nerves.—*A Case of Neuroma of the Optic Nerve*, by J. A. LIDELL, M.D. (Holman, New York, pp. 15), is the record of a remarkable case, in which this comparatively rare disease chose a yet rarer site. The parts were extirpated, and their nature ascertained by dissection.—*A New Operation for Artificial Hip-joint in Bony Anchylosis*, by LEWIS A. SAYRE, M.D., of New York (Albany, Van Benthuysen, pp. 19), includes an account of a case of anchylosis of both hip-joints, in which "tenotomy and *brisement forcé*" were applied to one, and excision of a semicircular segment of bone above the trochanter minor performed in the other, and in which the result was recovery, with an artificial joint; and of a case of anchylosis of the left hip, in which a section was effected of an elliptical segment of the femur above the trochanter minor, where also recovery from the operation, with good motion, is described to have followed.

Diphtherial Nerve Affections. By EDW. HEADLAM GREENHOW, M.D. pp. 15. Edinburgh: Oliver and Boyd.—*On the Causes and Treatment of the Closure and Immobility of the Jaws.* By CHRISTOPHER HEATH, F.R.C.S. pp. 23. Dublin: Falconer. These are interesting reprints of papers which convey really solid information on the subjects indicated by the titles.—Mr. HENRY LEE publishes his excellent *Introductory Address at St. George's Hospital.* pp. 36. London: Churchill and Sons.—*The Report of* Mr. SPENCE'S *Clinical Cases in the Royal Infirmary, Edinburgh* (pp. 46, Oliver and Boyd), is also a reprint of interest.—A SUBALTERN affords a really handy little *Practical Guide to Training, Gymnastics, and Riding* (London, Longmans), which contains more good sense and useful direction than many larger treatises on this much abused and neglected subject.—*A Practical Treatise on Rupture*, by T. P. SALT (Birmingham: Cornish Brothers), is mainly a reprint of the article "On Trusses" in our review of the Surgical Instruments of the Exhibition (THE LANCET, June 21st, 1862), with a description of a new one made by the author, which seems to be a good one, but which is neither figured nor well described.—*On the Coagulation of the Blood.* By JOSEPH LISTER, F.R.S. Croonian Lecture, 1863. pp. 31. This important lecture has already appeared in our pages, for the permission for which publication and the use of the blocks we are indebted to Prof. Sharpey and the authorities of the Royal Society.

* See article by Mr. Nunneley in the present and two former numbers of THE LANCET.

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION.

IT was stated in THE LANCET three weeks since, that some important changes would take place with respect to the Government members of the General Medical Council. The profession was scarcely prepared, however, for so complete an alteration as that which was effected by the Privy Council on Tuesday last. The following will appear in the next *Gazette*:—

AT the Court at Windsor held on the 17th of November, 1863—present, the Queen's most Excellent Majesty in Council—Her Majesty was pleased, by and with the advice of Her Privy Council, to nominate and appoint Edmund Alexander Parkes, Esq., Doctor of Medicine, and Professor in the Army Medical School, Netley; Richard Quain, Esq., Doctor of Medicine, of Harley-street, London; and Henry Wyldbore Rumsey, Esq., Surgeon, of Cheltenham, to be Members of the General Council of Medical Education and Registration of the United Kingdom, in the place and stead of Sir Charles Hastings, Knight, Doctor of Medicine; William Lawrence, Esq., Surgeon; and Thomas Pridgin Teale, Esq., Surgeon.

Her Majesty was further pleased again to nominate and appoint Dr. Robert Christison, of Edinburgh, and Dr. William Stokes, of Dublin, to be Members of the said General Council of Medical Education and Registration of the United Kingdom.

INCREASE OF FEVER AT LIVERPOOL.—Dr. Gee, one of the medical officers of Liverpool, has reported that fever has considerably increased in the town, and states that as the accommodation in the Fever Hospital is exhausted, the spread of infection is to be anticipated. He strongly recommends that the sanitary staff of the town be increased during the prevalence of the epidemic.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 21, 1863.

THE fact can no longer be doubted that the operatives of Lancashire have not at any period during the calamity which has befallen them suffered so acutely as the poor of London are suffering now. Starvation, which, thanks to the unparallaled munificence of the nation, has been unheard of in the cotton-manufacturing districts throughout their prolonged distress, has unhappily recurred, and still recurs but too frequently, in the metropolis; and the pestilence which threatened the great north-western county in the past autumn has fallen upon London during the present. While, indeed, public attention was anxiously fixed, twelve months ago, upon the forerunners of pestilence in Preston and Manchester, the dreaded plague had already effected a lodgment, and was widely extending, in the metropolis. The spectacle of a large population at once deprived of the means of subsistence, and exposed to all the horrors of famine, absorbed attention, to the exclusion of less patent signs of privation and suffering elsewhere. In London, as in Lancashire, the pestilence owed its origin to the same causes—destitution, leading to overcrowding; and its persistence in London is due to the persistence of those causes. In the north, an increased scale of relief, and energetic measures for weeding out cases of typhus as they occurred, sufficed to check the spread of the outbreak, and finally brought it to an end. Like measures would be equally efficient and are equally required in the south. With the coming cold of winter the pestilence has shown alarming signs of increased activity; and it is imperative that the local authorities should at once bestir themselves, if the poor of London are to be saved from a calamity of greater magnitude than they have been subjected to for several years.

Three weeks ago we detailed the history of the present outbreak of typhus in the metropolis, and pointed out the means most requisite for preventing the further spread of the disease: to wit—prompt isolation of the sick, diminution of overcrowding amongst the poorer sections of the population, larger measures of relief amongst the destitute, and the diversion to London of some portion of the liberality which has flowed so freely northward. Premising that the Committee of Management of the Fever Hospital have determined to provide immediate additional accommodation for sixty patients, we would at the present time call attention to the important assistance which may be derived by public bodies and charitable associations, in providing relief for the destitute of the metropolis, from the inquiry instituted last winter by the Privy Council into the nourishment of the distressed operatives of Lancashire and Cheshire. This inquiry was conducted by Dr. EDWARD SMITH, F.R.S.; and we have purposely postponed directing particular notice to his report on the subject (published in the course of the summer) until the approach of winter would again give that renewed practical value and interest to his conclusions, of which the warmth of summer and the amelioration of the distress in the north had apparently for the moment deprived them. The permanent value of Dr. SMITH'S conclusions, and their great use in facilitating the economical and systematic distribution of relief amongst the destitute, may be highly estimated,—more especially at periods when the destitution, as in the metropolis at the present time, is widespread, and accompanied by formidable, contagious fever.

Dr. SMITH was directed to ascertain the least weekly cost per head at which food could be bought in such quantity and of such quality as would avert starvation-diseases from the unemployed population; the most economical expenditure of a weekly minimum allowance granted exclusively for the purchase of food; and the most useful expenditure of small additional sums—say, twenty-five and fifty per cent. on the minimum granted for the same exclusive purpose. In pursuing the inquiries necessary to determine these questions, he was further instructed to distinguish the case of separate persons from that of members of families, and have regard to the season of the year, as well as to the habits of factory populations in ordinary times. In respect to the first question, Dr. SMITH came to the conclusion that, when food is purchased and cooked separately, the line between sufficiency and insufficiency in adults may be drawn at about 2*s.* per head weekly. In the case of single persons living separately, it would incur a risk to limit the amount to 2*s.* weekly in all cases; and he is of opinion that the minimum amount to be spent weekly in food should be 2*s.* 3*d.* for women and 2*s.* 6*d.* for men. In the case of man and wife without children living with them, the minimum amount should be 4*s.* 9*d.* weekly. In the case of families, the minimum allowance to the husband and wife should be 4*s.* 6*d.*; to each child over twelve years of age, 2*s.*; and to all others 1*s.* 6*d.* per week, except in the case of infants at the breast, when, if it be the only child, 1*s.* weekly should be allowed, but if there be other children no allowance will be necessary. "When food," he adds, "is prepared and supplied at cost price, the allowance may be reduced, probably, to 2*s.* weekly for each person over sixteen years of age, 1*s.* 6*d.* for each over ten years of age, and 1*s.* 3*d.* for each under ten years of age, excluding infants at the breast. It is also probable that the food thus supplied would be more nutritious in quality, better cooked, and eaten hotter than would occur under a system of separate cooking."

In respect to the second question, Dr. SMITH suggests a model dietary, consisting of three meals, and arranged as follows. *Breakfast:* milk, oatmeal, and bread; with bacon or herring, if possible. *Dinner:* meat or bacon, or herring, with bread and fresh vegetables, cooked in various ways; and, if possible, cheese or pudding. *Tea:* tea or coffee, milk, oatmeal, and bread. He gives numerous recipes for the formation of these meals, and the most varied use of the articles of diet enumerated, as well for single persons as for families; adding also formulæ for public dietaries. The cost of the breakfast for the single person is estimated at from 1½*d.* to 1¾*d.*; of the dinner, 1¼*d.* to 2*d.*; and of the tea, 1*d.* These estimates were founded on the lowest retail prices of the different articles of food in Lancashire at the time of the inquiry. Those prices are quoted as follows: bread, per pound, 1¼*d.*; flour, 1½*d.*; oatmeal, 1¾*d.*; rice, 1¼*d.*; peas, 1¼*d.*; carrots and turnips, ½*d.*; onions, ½*d.*; potatoes, 1*s.* per 20 pounds; beef, per pound, 6*d.*, bacon (American), 4*d.*; liver, 3½*d.*; cheese, 6*d.*; mutton fat; 5*d.*; mutton suet, 6*d.*; sugar, 4*d.*; butter, 10*d.*; treacle, 2*d.*; dripping, 6*d.*; tea, 3*d.* per ounce; skimmed milk, ½*d.* per pint; butter-milk, ½*d.* per pint

"As a general guide," writes Dr. SMITH, "it may be stated that in very low-priced dietaries bread must form almost the sole source of nutriment, since it is the only food which can furnish the required quantity of nutriment at the limited cost, with the daily constancy permitted by the appetite. The best addition of the same kind is oatmeal. The cheapest kind of fat is that of bacon, and next that of dripping. The cheapest source of nitrogen, in a food which may be eaten constantly, is butter-milk, and next skimmed milk. The cheapest solid animal food is fish—as herring; but it cannot be eaten with advantage continually. The most economical sweet is treacle; and as a continual supply of fresh vegetable, potato is the best. In the following dietaries I have usually allowed 2*d.* weekly for fresh vegetables, and where the weekly cost of food exceeds 2*s.* this may be allowed. This will purchase 3½ lb. of potatoes weekly, or 2 lb. of potatoes and 1 lb. of onions, or 2 lb. of potatoes and 2 lb. of carrots, any of which will probably offer a sufficient supply of fresh vegetable juices. It is also to be desired that cabbage and turnip-tops, in their season, should form part of the dietary, and the latter may often be obtained without cost."

In the numerous forms of dietary which Dr. SMITH has drawn up, he has given much prominence to bread, oatmeal, milk, bacon, and fresh vegetables; whilst tea and coffee, sugar, and expensive fats are used sparingly. His aim in the selection of food has been to provide three meals having the customary character. The breakfast would consist of bread and milk, rice-milk, and bread, milk porridge with bread, oatmeal brose with milk or treacle, or coffee with milk, sugar, or treacle, and some kind of fat and bread. The dinner would consist of meat, bacon, liver, or herring, with vegetables and bread. Sometimes pudding, made of oatmeal, rice, or flour, would be added to or supplant the animal food, and occasionally butter-milk is provided as a beverage. The evening meal would usually consist of oatmeal and milk porridge with bread, or oatmeal brose with treacle or dripping, or coffee or tea with sugar, milk and bread, to which butter, dripping, or treacle is added. "Hence," he says, "bread will be eaten with milk porridge or meat, or with the addition of treacle, butter, or dripping; flour will be used in making porridge or pudding; oatmeal in making porridge or brose, and eaten with milk or butter-milk; rice in rice-milk or pudding, or eaten dry with treacle, dripping, or meat; peas with bacon or liver; coffee with boiled milk and sugar or treacle; and suet with rice or flour."

In respect to the third question, Dr. SMITH suggests that an additional expenditure of small sums on the minimum would be best devoted in providing additional dietaries for persons of large stature, the sick, and the aged. The latter would need a greater proportion of the luxuries and comforts of food. To them, therefore, a larger amount of tea, coffee, butter, and perhaps meat might be allowed, the articles being of better flavour and quality, as, for example, new milk and fresh butter.

Dr. SMITH'S report will prove invaluable to all who are engaged in administering to the wants of the destitute. It places the administration of such relief, so far as food is concerned, on a scientific and trustworthy economic basis, and, as we have already pointed out, it includes both private and public dietaries—dietaries for the individual and for the many.

WE cannot congratulate the members of our profession on their increased familiarity with Courts of Law. The advantages of the Medical Act will, in our judgment, be materially diminished if a spirit of litigation become habitual. Under the old system there is no doubt that injustice was often submitted to by medical practitioners, who were unwilling to run the risk of legal technicalities and the expensive arguments they entail. On the other hand, a sense of honour frequently dictated a fair consideration for services, the remuneration for which had been permitted to abide the convenience of the patient. An absence of statutable power to recover fees was not without its good effects; differences were generally settled to mutual satisfaction, and little permanent misunderstanding ensued. There is no reason why the principles which then guided both practitioner and patient should cease to operate because that which was yielded to proper feeling is now capable of being claimed as a right. We have before expressed our opinions on this matter, and urged the avoidance, whenever possible, of terminating in a court of law the associations of the sick chamber. The medical profession appear, during the past week, to have afforded much employment to their brethren of the long robe.

First on the list stands the double case of Dr. BECK. He seems to have had no cause for congratulation at the result of his suits instituted for the payment of alleged fees. In the action of BECK *v.* FAREY, in which the plaintiff recovered, a rule *nisi* has been granted to set aside the verdict on the ground that it was given against evidence. So far the Doctor comes off but second best, as on such an application the Judge exercises a peremptory discretion, and so indicates his opinion of the merits of the case. In the action of BECK *v.* STERNE, in which the defendant gained the verdict, a rule to set it aside has been refused; and the opinion of the Judge who tried the case left very little doubt of his strong impressions respecting it. Hence one phase of professional litigation has not proved encouraging.

The next example is even less so. The case of LOW *v.* ELLIOTT attracted much attention in Carlisle, where it was tried. It was the nearest approach to professional Paul Pryism with which we are acquainted. The defendant chose to interfere with his neighbour's affairs, and deceived himself into the belief that a gentleman of reputation and experience had occasioned an untimely death by the administration of chloroform, and then sought to smuggle away the corpse without an inquest. A jury punished his troublesome tomfoolery by an award of £100 in damages, which the Court has refused to disturb. The plaintiff had better, therefore, make a solemn resolve to never do so good-natured a thing again as he attempted to accomplish in vindicating the imaginary interests of public justice at the expense of his professional neighbour.

Important points of law received illustration from medical differences which arose in the case of BENNETT *v.* HICKSON. It involved nice questions as to the sale of a medical practice, and the importance of certain representations which induced the plaintiff to purchase. The case presented considerations of a purely technical character, and a rule was granted on the ground of misdirection on the part of the judge.

The proceedings in MORGAN *v.* LINGEN have in many quarters been made the subject of special criticisms. We see no reason to in any way modify the opinions we have already expressed. The action was one for slander and libel brought by the plaintiff, a governess, against the defendant for writing of her that she was "under delusions," &c.; in fact, attributing to her a

diseased condition of mind. At the trial a verdict was given for the defendant on the ground that he acted *bonâ fide*. This was the real gist of the case, and involved the question of privileged communication. No one who knows anything of Dr. LINDEN would think of taking a different view of the circumstances, so far as he is concerned. It was for the consideration of the jury, and being a matter of fact within their province to determine, the judges wisely refused to permit the matter to be reopened. The learned Baron who tried the case did more. He expressed in open court his deep regret at the entire proceedings, and spoke in terms of high commendation of the manner in which the plaintiff had conducted herself on the occasion of her giving evidence. He even went beyond this, for he hoped "that the matter might be allowed to rest where it was, without the defendant calling on the plaintiff to pay the costs of the action."

Medical practitioners who hold Poor-law appointments will do well to study the ruling in the special case of BAKER *v.* the Guardians of the Billericay Union. The plaintiff, a surgeon, one of the medical officers of the union, claimed for fees beyond his salary. Article 177 of the General Consolidated Order of the Poor-law Board provides extra remuneration for certain operations and exceptional attendances. The Act sets forth that no money should be paid for debts of guardians, unions, or parishes, except within the half-year in which they were incurred, or within three months afterwards, or except by express order of the Poor-law Board, and within twelve months from the date of the order. The question raised was whether the Act, having specified a time for payment, prohibited an action for recovery before its expiration, or, if successfully brought within the time, whether it stayed execution until the expiration of the term specified. The Court were unanimously of opinion that the guardians were entitled to judgment.

The action of DAVIES *v.* ROYSTON, tried before the Flint Borough Sessions, again opens up the question of construction of the Medical Act—the assumption of titles by those not on the Register. A short time ago we particularized the course pursued in Australia upon this point. We have no doubt that the Medical Council will cause the Act to be amended in those many particulars in which it has been proved to be so undetermined in the construction it admits of, as well as so exclusive in the privileges it extends.

To the case of STONE *v.* STONE and APPLETON we have already alluded, and again express our satisfaction that, as matters now stand, the opinion of the judges has removed a foul imputation from the character of a member of our profession.

No cause for congratulation certainly can be felt in dwelling on the involvement of members of our profession in actions at law. It is above all things essential for medical practitioners to cultivate and maintain the most kindly relations with those amongst whom their practice lies. Any compromise of their general good understanding is dearly purchased by success. "Another such victory, and I am undone," has doubtless been the expression of other lips than those of warriors. We believe that prudence might, in the great majority of cases, prevent this ultimate appeal, which, whatever be its issue, is always sure to occasion disappointment and to eventuate in regret. To those who are behind the scenes it is needless for us to mention the amount of confidence necessarily reposed in the discretion of medical attendants. Very frequently they are appealed to for advice in matters of either personal or family differences which more or less are betrayed by the impaired spirits or health of the disputants. The "doctor" needs all his discretion and resolution. It is doubly to be deplored when familiar friends are permitted to drift into variances through a want of foresight or prudence, and when, owing to suits at law, their mutual confidant becomes estranged from both. Other differences may be forgiven, but actions in court come in such an unquestionable shape that we doubt if their recollection do not always remain.

IN addressing ourselves to the important and difficult subject of Adulteration of Drugs, we are consulting the best interests of the profession and the public. The pharmaceutical chemists may not, perhaps, be equally unanimous in their approval of this investigation, for some awkward disclosures may be anticipated; but it is obvious that the really respectable and conscientious members of this trade can have nothing to fear from the inquiry, and those who, either by the pressure of competition or any other circumstances, have been induced to vend impure medicines have little reason to complain of the exposure, however little they may like it, nor will anyone greatly sympathize with their complaints.

We have selected as the first subject for analysis the Spirit of Nitric Ether, so well known to the poor as Sweet Spirits of Nitre. Perhaps no article in the druggist's shop is more largely consumed by the public, although certainly not always for purely medicinal purposes. In poor neighbourhoods large quantities are sold to persons who undoubtedly find in it a stimulus which takes the place of alcoholic liquors. In Manchester, for example, we believe that some druggists sell as much as three or four gallons on a night to consumers of this class. For purely medicinal purposes it is also largely used.

The result of our investigation, it will be seen, shows that its adulteration is almost co-extensive with its sale; for out of thirty-one samples purchased in London, there are barely seven which are not more or less deteriorated, and one or two only reached the pharmacopœial standard. In the first place, it will be observed that the present pharmacopœial process is in itself imperfect; that even when in a state of practical purity—that is to say, when prepared with care according to the directions of the Pharmacopœia—there are yet found variable quantities of aldehyde, due partly to the action of nitric acid on the alcohol at the commencement of the process of distillation directed for its manufacture, and organic acids, often in large amount, which are in part also an almost inevitable incident of preparation by this method. We have, however, good reason to believe that in the forthcoming new Pharmacopœia this defect will be remedied, and that a method of preparation from the hyponitrite will be laid down, which, it is stated, will leave the spirit of nitric ether free from any traces of aldehyde.

The deteriorations especially deserving attention are—the addition of water, and the use of methylated spirit in the process of preparation. The object of the first is sufficiently obvious, and in some cases it goes to the extent of a third, and in one instance it formed more than half, of the whole bulk. The use of methylated spirit in the preparation of medicines is of greater complexity, and certainly of great importance. Unfortunately the interests of the Government and those of the people are not at one in this matter. Medical authorities are unanimous in condemning the use of methylated

spirit for this purpose; but the Excise find it more convenient to permit its use than to keep a staff of officers for the detection of illicit stills, such as they had to maintain before they hit upon the device of methylating spirit, and then permitting it to be sold duty free. The results of the analyses given in the report of the Commission published last week sufficiently show to what an extent this licence is employed, and how little the remonstrances of the College of Physicians and the Pharmaceutical Society have availed to check the use of what the former body designate as a "noxious" substance in the preparation of medicines.

Medical Annotations.

"Ne quid nimis."

DEATH BY ACONITE.

THE death of Hunt, the murderer and suicide, has added another to the authenticated cases of a terrible form of poisoning which, fortunately, is but rarely resorted to at the present day, though in ancient times and in the middle ages it appears to have been well known and frequent. The certainty of the action of aconite, and the impossibility of recognising it by chemical tests, invest it with a sort of mysterious horror, and threaten the whole community with danger in the prospect, not very remote, of its fatal powers becoming known to the vulgar. Fifteen minims of the pharmaceutical tincture caused death in one case on record. Aconitina—its active principle, which may be easily obtained by the process described in Royle and Headland's "Materia Medica"—is by far the most potent poison that has ever been described. It is supposed that one-tenth of a grain of this alkaloid would be sufficient to cause the death of an adult man. Fortunately, the experiment has not been tried. The dose would be tasteless, and amongst the contents of the stomach it would be impossible for any toxicologist to verify after death the remainder of the poison.

In an essay written by Dr. Headland, and published in THE LANCET of March 29th, 1856, shortly after the accidental poisoning at Dingwall from the root of monkshood eaten by mistake for horseradish, a number of such cases of poisoning were passed in review, and the symptoms produced by aconite summed up as follows:—"First, tingling of the tongue; then, tingling followed by numbness of the face, and of the arms about the same time. Then a feeling as if the face were large, and sensation of tightness in the throat (both probably caused by paralysis of the sensory with more or less affection of the motor nerves). Next comes vomiting; next, loss of power in the lower extremities. The pulse is feeble; the breathing laborious. Death ensues by syncope, or stoppage of the heart. There may be brain-symptoms; but they are not constant." The pupils, according to Dr. Headland, are *dilated*.

It is interesting and instructive to notice how far the account given us of the sufferings of the wretched man Hunt answers to this description. We are only partially informed of his sensations, and when the police were first admitted to his house it was his object to conceal them as much as possible, lest the administration of an antidote should be insisted upon. It seems that he retained his senses to the last, and was able to use his hand in writing just before his death. He was found vomiting, and continued to vomit. He was either unable or unwilling to swallow the emetics that were given to him. (A characteristic symptom of aconite-poisoning is the palsy of the throat.) Hunt was able to dress himself when the police insisted upon it. Dr. Puckle then found him sitting in a chair, retching violently. The countenance was pale, and "the eyes had a remarkable expression, the pupils being very much dilated." This bears out the statement made by Dr. Headland, which has been much questioned, as being opposed to that of Dr. Pereira and others, whose dictum that the pupils are contracted under the influence of aconite has been generally accepted by toxicologists. Dr. Puckle tells us that his pulse was scarcely perceptible, the action of the heart extremely feeble, and the breathing quiet. After the second emetic had been forced down, and all the contents of the stomach seemingly ejected, Hunt exclaimed "Oh, my heart!" He could not walk straight, but fell against the wall, apparently without the use of his arms. He was, however, able, with some difficulty, to write a short note to his employer within a quarter of an hour of his death. He had admitted to his medical attendant that "he might have taken aconite."

The inflamed state of the stomach observed after death may have been due to the sulphate-of-zinc emetic. The right side of the heart was distended; the left empty. There was no other notable morbid symptom. Dr. Puckle conjectured the presence of aconite in the contents of the stomach and the vomit by the application of the only known test—the physiological one. Two drops found in a bottle produced the characteristic tingling, followed by numbness, of the tongue.

As it is easy to conceive of a case of poisoning in which this test may be inapplicable, on account of the small dose taken, or other circumstances, it is as well to consider how far a medical witness would be justified in relying on the testimony of such symptoms as those recorded of the man Hunt.

Prussic acid, digitalis, belladonna, nicotine (or tobacco), all produce death by syncope, with a tendency to vomiting and great prostration. The rapidity of its action, and convulsions if the patient live long enough, distinguish the first of these agents. Tobacco contracts the pupil. Belladonna, like aconite, dilates the pupil, and causes a difficulty of deglutition; but belladonna confuses the mind and causes delirium. Foxglove may more easily be mistaken for aconite, if we suppose the numbing action of the latter to be concealed by the patient. It may cause death by syncope, with dilated pupils, without brain symptoms.

Judging of the case of Hunt by his symptoms only, no one could positively affirm that he died of aconite, though it would seem very probable; for what distinguishes aconite from all other poisons, and alone stamps it with a complete individuality, is the production of anæsthesia without unconsciousness. There is tingling, followed by numbness, first of the tongue, next of the face, next of the arms, and lastly of the rest of the surface and the lower extremities. Hunt may have felt all this, and expected beforehand to feel it; but he said nothing about it, for until he felt himself dying beyond recall he did not wish it to be known that he had taken poison.

Dr. Headland recommends animal charcoal (to be mixed with water, and given in large quantities, followed by a zinc emetic) as the only known antidote to the poison of aconite. He has found that "aconitina is quickly taken up and most obstinately retained by this agent."

THE MEDICO-CHIRURGICAL SOCIETY.

THE first meeting of the Society, which took place on the 10th inst., was very fully attended. Some of the heads were there, and though the papers, as often happens on "a first night," were not very elaborate or weighty, two of them, at least, were interesting and suggestive, and in the discussion which grew out of them Mr. Arnott, Mr. Fergusson, Dr. Jenner, Mr. Solly, Mr. Shaw, and Mr. Moore took part. On the reading of Mr. Coote's paper on a case of scirrhous infiltration of the penis, Mr. Fergusson raised a very important question in general pathology, which he has more than once suggested for discussion. Mr. Fergusson admitted the propriety of the frequent application of the terms primary and secondary to cancerous growths in the body. In this case the infiltration of the penis was described as primary, and a formation of cancer-tissue on the tibia was described as secondary.

He asked to what it was secondary? And, as cancer] cells were described as having been found in the cavity of the vein of the penis, whether it was inferred that the cancerous elements had been transported by the blood from what was spoken of as their primary position to that which was described as their secondary bed? He dwelt on the general constitutional character of the disease, and said that he was not cognizant of a sufficient basis of facts for speaking of one as differing in order from the other, both being commonly manifestations of the same order of disease in different parts. Dr. Jenner, speaking with the authority of great pathological study and experience, assented to Mr. Fergusson's view, and instanced tubercle as a comparable condition. We did not speak, he observed, of primary and secondary tubercle, although lung, brain, and bone be all affected, but looked on the different deposits as co ordinate indications of one morbid condition. Mr. Holmes Coote, in his reply, said that he was not aware that cancer cells had ever been found in the blood, and that he did not assume that the blood carried the germ from one spot to the other. In using the term "secondary," he meant secondary only in point of time. Thus he immediately lowered arms, and no further discussion arose on the matter. Still we cannot but think that it is one well worthy of careful discussion; for, certainly, this is not precisely the meaning which is frequently understood to attach to the term "secondary" when applied to cancerous growths. Mr. Paget says on this subject:—

"In advanced cases of cancer, and especially in those in which the cancerous substance is very softened and broken, we may meet with portions of it in the blood, which appear as if they had been detached or absorbed from some growth, and carried on with the stream. In similar cases we may find cancerous formations in the blood itself. Such seem to be some of the cancerous growths in the veins and the right side of the heart. For, although among the former there are many in which the growth has only extended into the veins, through their walls involved in cancerous tumours, yet there are others in which, as in the endocardial cancers, the internal growth takes place far from any other tumour. In these we may believe that cancerous structures have been conveyed in the blood to the part of the vein, or of the right side of the heart, at which they have been arrested, and to which adhering (either alone or with blood-clot), they have subsisted and grown on materials derived from the passing blood. But not one of these cases affords any support to a belief that, previous to the existence of a cancerous tumour, any visible germs of cancer exist in the blood."

The question was not one which could be disposed of in an incidental conversation, but some surprise may, perhaps, be felt that in so large a number of experienced and scientific practitioners as assembled on this evening, the position sharply defined by Mr. Fergusson was allowed to pass unquestioned, and excited so little debate.

FEVER IN THE METROPOLIS.

THE remarks which we made a few weeks since as to the probability of there being a great increase of typhus in the metropolis during the present winter are being verified. The number of patients admitted into the London Fever Hospital, which, in the month of June, did not exceed 69, in October amounted to 236. Of the latter number 155 cases were typhus, 24 enteric fever, 30 scarlet fever, 1 measles, 1 simple continued fever, and 25 examples of other acute diseases. During the first sixteen days of the present month, no fewer than 170 cases were admitted, the great majority of which were typhus. The hospital, which contains 200 beds, was full on October 9th, and since that date, large numbers of applicants have been almost daily refused admission for want of room. The typhus patients are still mainly derived from the south and east districts of the metropolis, and especially from the parishes of Rotherhithe, Bermondsey, Lambeth, St. Saviour's, and St. George's-in-the-East. At the same time there are indications of the disease becoming more generally prevalent. Certain parishes, such as Shoreditch and the City of London, which before contributed only a few isolated cases, are now furnishing a larger number; while cases have been brought within the last three weeks from other parishes, such as Hackney and Kensington, which had not furnished examples of typhus for months before.

Under these circumstances we are glad to learn that the Committee of Management of the London Fever Hospital have determined to increase the accommodation afforded by the hospital, by the erection of a temporary building capable of containing sixty beds. The building is to be of wood; 2000 cubic feet are to be allotted to each bed; and at the same time there will be thorough ventilation. We understand that this building will be ready for the reception of patients within a fortnight from the time that the terms of the contract are agreed on. The sooner the better, for every patient suffering from typhus who is permitted to remain in his own badly ventilated and, perhaps, overcrowded home, becomes a focus for the propagation of the disease to a whole community. The managing Committee of the hospital deserve great credit for the public spirit which they have displayed in this matter.

In connexion with this great prevalence of typhus, it is important to call attention to the distress at present existing amongst our London poor, as evidenced by the large numbers who every night vainly seek admission into the casual wards of some of our metropolitan workhouses.

THE POISON ADMINISTERED BY HUNT.

SCIENCE has well accomplished its task in making the dead to speak, and deciphering the history of the crime committed by the poisoner Hunt, from the examination of the bodies of his victims. All the questions submitted to Dr. Matthiessen and Dr. Randall have been satisfactorily solved. The character of the poison was determined by the odour and the application of ordinary tests. But the extraordinary character of this crime, by which three persons were simultaneously poisoned, raised some scientific doubts which had a definite degree of importance. Could the flavour and scent of prussic acid be easily covered by any such means as this man appeared to have employed? Could the poison have acted with certainty and rapidity, and yet not so rapidly as to excite suspicion in the mind of some one of the three before they drank the draught containing it? It had seemed strongly to impress the minds of some persons that these difficulties might, on consideration, prove so great as to render it possible that the mother was either an accessory or prime agent in the crime by which she herself and her children lost their lives. Then it was suggested, and the coroner appeared at one time disposed to attach much weight to the suggestion, that the cyanide of potassium would have been more easily dropped in powder into the porter, and that its odour would have been less perceptible. These include some subtle points in toxicology, and even, as we shall see, raise questions which must be reserved for future study; but a practical solution was afforded by the experts, which sets any doubts at rest in the case.

In the first place, they ascertained by direct experiment that a quantity of pharmacopœial prussic acid, enough to poison three persons, could be introduced into a pint of porter without being readily if at all perceptible to the taste or smell. Somewhat unexpectedly, too, it appears that ten grains of cyanide of potassium thrown into the same quantity of porter gave strong indications of its presence to both those senses, and that, proportionately, the cyanide of potassium was the more pungent addition to porter. It may, perhaps, help to explain this, if we remark that when hydrocyanic acid is added to freshly drawn porter, the volatile odour of the beer conceals that of the poison; and it was observed in this very experiment, we believe, that the beer smelt more strongly of the acid after standing a day and getting flat, although the volatile acid had been passing off during all the twenty-four hours, than it did when the full quantity was just added to the beer when fresh. Now, as the

development of the odour from cyanide of potassium is due to the acids of the beer combining with the alkaline base of the salt, it will be understood that the beer immediately becomes flat, and thus the characteristic scent of cyanogen is made clearly and immediately perceptible.

The chemical distinction by test between cyanide of potassium and hydrocyanic acid, when present in the stomach, is difficult to establish. We are not aware that any means are indicated in toxicological handbooks of this country for the purpose. Orfila states on this head:—"If, after ascertaining the presence of cyanogen in the distillate of contents of stomach, you add to what remains in the retort concentrated alcohol, and if potassium then is found in the precipitate, you may conclude that cyanide of potassium, and not hydrocyanic acid, has been administered." They applied this test with negative result; but this is not in itself a perfectly satisfactory test, and Dr. Matthiessen proceeded further to incinerate the contents of the stomachs of the children and estimate quantitatively the total amount of potash contained in them. In the first child this amounted to about one-fifth of a grain, and in the second child to one-twentieth of a grain. Now potash is a normal constituent of ordinary food: a quarter of an ounce of bread, for instance, would furnish about one-third of a grain of potash; so that, on the whole, the quantitative determination was also negative of any addition of potassium by the use of the cyanide as a poison. The determination of normal averages of potash in the structures of the stomach under varying circumstances is a research of physiological and toxicological interest which may be undertaken with prospect of advantage.

MR. CHARLES READE'S ATTACKS ON THE MEDICAL PROFESSION.

WE read in *All the Year Round* for last week the following observation as a note to certain remarks by the author of "Very Hard Cash":—"THE CONDUCTOR OF THIS JOURNAL DESIRES TO TAKE THIS OPPORTUNITY OF EXPRESSING HIS PERSONAL BELIEF THAT NO PUBLIC SERVANTS DO THEIR DUTY WITH GREATER ABILITY, HUMANITY, AND INDEPENDENCE THAN THE COMMISSIONERS IN LUNACY." We accept this disavowal on the part of Mr. Charles Dickens of any belief in those wild calumnies for which he, nevertheless, permits Mr. Reade to find the means of circulation. Mr. Dickens may not believe the visiting justices and lunacy commissioners to be "greenhorns." He may know that "feeless physicians" and "briefless barristers" do not regulate the movements at Whitehall. He may doubt that the medical officers of lunatic asylums are "villains" capable of exhausting the decalogue in crime. If so, are we to regard his note as a repudiation of any participation in these impudent fabrications by which his journal each week outrages every principle of fair dealing. The course he has adopted seems to us somewhat inconsistent with that honesty of intention and fairness of description, the exercise of which has placed the name of Charles Dickens amongst the most disinterested, as well as independent, of our public benefactors. Mr. Reade we do not regard as a fair subject for criticism. He ventures on the wholesale attack of a profession which includes within its ranks many of the most distinguished philanthropists of the age, and illustrates his opinions by suppositious cases which neither have nor ever had existence except in the Quixotic imaginings of his own brain. There is a mental as well as a physical dyspepsia, from the former of which Mr. Reade appears to suffer. We attach, therefore, no more importance to his writings than we do to those of any other caterer for public amusement. Mr. Reade writes as of to-day. Probably he believes in that which he attempts to illustrate; if so, we commiserate his credulity. It may be he writes of the past, and does not depict that which now exists; in that case it would be but honesty on his part to have it thus set down. What we object to is the appearance of such calumnies in a journal which Chas. Dickens conducts. His life has been devoted to the promotion of social reform. His keen appreciation of our public and private relations has for the last quarter of a century constituted him an authority on these matters. It is absurd to suppose that such grave abuses as those Mr. Reade details would have escaped the criticism of Mr. Charles Dickens or of others if they had any real existence; and we are pained to see a tissue of falsehoods in any degree endorsed by his name appearing at the head of the sheet.

FALSE CERTIFICATES OF DEATH.

THE frequency with which false certificates of death are given by the lower order of midwives has been revealed by many recent disclosures. It will be remembered that one woman at a late inquest, where it was proved that she had given a false certificate, acknowledged to having often done so, and said that she had attended some thousand births. It is evident therefore that some thousand lives were immediately at the mercy of an uneducated and unprincipled person, ready to become the accomplice of crime. This phase of the registration of death really deserves the most serious consideration of the Home Secretary; for there is reason to believe that a practical measure which would restrict the power of certifying the causes of death to responsible and registered practitioners of medicine would do more to check crime and restrain the secret slaughter of children which widely prevails than many of the more difficult schemes for restraining the sale of poisons and punishing infanticide.

The following facts, which were elicited in the course of an adjourned inquiry by Mr. Walthew respecting the death of an infant child, throw additional light on the evils of the present facilities for false registration of death. The facts deposed to were as follows:—

"The deceased was born at one o'clock on the morning of Friday, Oct. 2nd. A midwife named Cameron attended at the birth, but no doctor was present. Some days afterwards, Dr. Bruce was called in to some children who were ill of small-pox at the house No. 4, Norway-street, and he was then informed by a lodger that deceased was dead. He examined it, and found that the child had died from strangulation. It transpired that the midwife had given a certificate that the child had died from convulsions after living only fourteen hours. An inquest was held, and a post-mortem examination was ordered. Dr. Bruce and Dr. Rogers both made the examination, and found that deceased presented signs which showed that the child must have been grasped by the neck from behind in such a manner as to compress the arteries and occasion death. The tongue protruded, and there were marks of lividity. Dr. Bruce stated that if murder were intended the violence must have been inflicted by some skilled person. Dr. Rogers was of the same opinion. Mr. Rays was examined, and said that on the morning of Saturday, about four o'clock, he took up the deceased, who had been crying all night, and walked about with it to pacify it. In twenty minutes he put the child back in bed, and it fell asleep. About six o'clock his wife said that the child was dead. His wife was then sickening with the small-pox, but she was not delirious. He also stated that he had been six years ago assistant to a chemist, and that he had since dispensed for a surgeon. He had latterly been only earning a precarious living, and his wife was a bookfolder. The deceased was the fourth child which he had had, and was the only one that did not die at the time of birth."

A good character was given to the father and to the mother; and the mother being called to give evidence, said that

"The deceased was born prematurely. The child was alive, and drew up its legs after the father returned it to bed on the Saturday morning. He had been nursing the child for about five minutes. He took it up by placing his hands under it—not by grasping the neck. When she found the child dead at six o'clock, she called down a lodger, who washed the deceased. She did not then notice that blood was issuing from the mouth. Witness did not know why the midwife stated in the certificate that the child died on Sunday. She had refused to give a certificate unless she was paid her money. The marks on the neck witness could only account for by supposing that they were from injuries at birth. All her other children died at birth. Witness had not the small-pox very severely.

"Dr. Bruce, recalled, said that the child could not have lived for twenty-six hours if the injuries had resulted from the birth. Convulsions could not have affected the arteries of the neck nor caused the appearance named.

"Mr. Dixon, of the Coroner's office, said that he had instituted inquiries, and found that the parents of the deceased bore a good character.

"The Coroner then summed up, and strongly stigmatized the conduct of the midwife in giving a certificate in such a case. Every statement in that document was false, and if such certificates were accepted by the registrars the most serious evils would follow. In the present case it was clear that death resulted from violence; and the only question was whether the violence was wilful or otherwise. Dr. Bruce said if death were intended the violence must have been inflicted by a skilled person. Now, it turned out that Mr. Rays had been an assistant to a surgeon, and the inference was obvious. But too much stress should not be laid upon this point. Dr. Bruce's own phrase and Dr. Rogers' statement also implied that it was possible that death might not have been designed, and consequently it might have been accidental. The father in the night might have caught the child awkwardly, or the mother might have done so, as she was sickening for the small-pox, and might not have been quite conscious. If the jury believed the child was murdered they would return a verdict of wilful murder against some person unknown; if not, they should say that there was no evidence to show how the violence was inflicted.

"The Court was then cleared, and, after a long deliberation, the following verdict was returned:—'That the deceased was found dead in bed from congestion arising from strangulation, and the jurors say that whether the strangulation was wilful or otherwise there is no evidence to show.'"

We do not impeach the verdict of the jury in this case; but it is abundantly evident that the false certificate of the midwife concealed what was really a very suspicious death, requiring a careful investigation, and that this concealment was effected by means of statements characterized by the coroner as being in every particular false. We are not aware that any legal offence has been committed by the midwife, and probably the only consequences to her may be an increase of practice amongst persons anxious to procure a ready belief in their statements as to the causes of death in their new-born children, and to purchase a false certificate; but we are very sure that the law ought to be so constructed as to visit the framing of false certificates of death with severe penalties. Registration of causes of death answers an important sanitary and scientific end; it is a means of prospective welfare for the mass; duly supervised, it is also a barrier of protection for the individual. But to give it value either for the State or the individual, the certificate should proceed from a competent and responsible person, and never from any other than a registered medical practitioner—the only person of whose competency to certify causes of death the State can have sufficient reason to be satisfied. The present laxity offers a premium on murder and fraud.

ST. THOMAS'S HOSPITAL.—A general court of the governors of St. Thomas's Hospital was held on Tuesday last to receive a report of the grand committee of their having concluded a treaty for the purchase from the Metropolitan Board of Works, of land at Stangate for the site of the new hospital, at the price of £95,000, subject to the approval of the Court of Chancery. A deputation from St. Olave's, St. Thomas's, and St. John's parishes presented a memorial expressing regret that the Board was about to remove the hospital to Stangate under pressure of the medical staff, and urged the advantages of the site of the Surrey Gardens. A deputation also of the committee of the united parishes condemned the selection of Stangate, and suggested three sites, the Surrey Gardens, a site behind Newington Church, and Bethlehem Hospital. They did not think the state of the river could become so salubrious as to render Stangate a healthy site. Mr. Rendle, the able chairman of the committee, had tested the opinion of the medical practitioners on the south side of London on the question, and had on the previous day sent out 180 letters on the subject, to which no less than 96 replies had been received, 86 of which condemned most distinctly the selection of Stangate, five were favourable to it, and five were doubtful. The meeting ultimately confirmed the report, thus sanctioning the purchase of the Stangate site. Is it possible that the Court of Chancery or the Government will sanction the proceeding?

DESCRIPTIONS
OF
NEW REMEDIES
INTRODUCED INTO THE PRACTICE OF MEDICINE,
WITH THEIR THERAPEUTICAL EFFECTS.

No. XV.

THE NEW AMERICAN PHARMACOPŒIA.

WE have just received a copy of the new Pharmacopœia of the United States. This is designated "the fourth decennial revision." In the midst of the convulsions of civil war our professional brethren in America have found leisure to produce a national work embodying their most recent experience respecting remedial agents. By an arrangement which we consider peculiarly advantageous and happy, the voice of the whole body of the profession is heard, and made available in compiling their Pharmacopœia. Every College, Corporation, and Society, whether of physicians, surgeons, or pharmaceutists, send delegates to the seat of government, who carry with them the information derived from their respective localities, often the result of discussions and comparative experiments made for the purpose during the interval of ten years. On the present occasion these delegates, having submitted a number of contributions towards the improvement of the Pharmacopœia, and determined the rules which should be observed, nominated a Committee of Revision and Publication, consisting of eight of the most distinguished members of the convention, to form the executive. This committee held their meetings in Philadelphia. In their report they state: "The recurring revision of our national Pharmacopœia at decennial periods may now be considered a fixed rule of the work. The last interval has been one of great activity in Medicine and Pharmacology. This fact, so creditable to science, has been a cause of proportionate labour to the committee. On no former revision have the materials referred to the revising committee been so voluminous and important as on the present." Enumerating the contributions of the several Colleges and Societies, they add: "Besides these, important private contributions were received which required careful consideration. This abundance of materials, while it increased the labours of the committee, tended greatly to the improvement of the work. They held one hundred and nineteen meetings, and performed a large part of their duties through the agencies of sub-committees, who worked in the intervals, and made one hundred and thirty-eight written reports." An example which, we trust, will not be without its influence on the compilers of the British Pharmacopœia.

Besides corrections, improved processes, amended arrangement of matter, and a more systematic and convenient nomenclature, *fifty-five* new medicines have been introduced into the list of materia medica, and *twenty-six* old ones have been dismissed. *One hundred and eleven* new preparations are adopted, and *thirty-seven* only omitted.

The United States Pharmacopœia has always in the main resembled those of our own Colleges, the principal difference being a division of the materia medica into a *primary* and *secondary* list. The former is intended to include only such agents as have well-defined and established properties; the latter, substances which, although believed to be valuable as remedies, yet require further experience to determine their uses. The distinction does not appear to us to be of any great importance, inasmuch as it has never been customary to include in Pharmacopœias any statement respecting the physiological or remedial action of the agents enumerated. This has been left to the writers of Dispensatories or Systems—essential supplements to the official publications.

Of the fifty-six newly-introduced articles of materia medica, the greater number have been derived from our own lists, whilst the American have always included many remedies not recognised in Great Britain. Several of those which we have intro-

duced to the notice of the profession in the pages of THE LANCET as *new* remedies, are found in the editions of the United States Pharmacopœia of ten or twenty years back. It is, however, worthy of note, that the compilers of the present edition recognise the labours of the "eclectics," as they call themselves, by adopting several of the agents they have introduced, and in one or two instances, even their concentrated but unchemical preparations. Thus, under the name of "Resina Podophylli," we have Podophyllin, for which the following formula is given: Take of May apple (the rhizoma), in fine powder, sixteen ounces; alcohol, and water, of each a sufficient quantity. Moisten the May apple with four fluid ounces of alcohol; pack it firmly in a cylindrical percolator, and gradually pour alcohol upon it until four pints have passed, or until the filtered liquid ceases to occasion turbidness when dropped into water. Reduce the tincture to half a pint by distilling off the alcohol; mix the residue with four pints of water; separate the precipitate formed; wash it thoroughly with water, and dry it with a gentle heat.

To this is appended the following note:—"Resin of May apple is partly soluble in ether, and the residue, when dissolved in officinal solution of potassa, is precipitated by the addition of dilute muriatic acid in excess." In fact, the preparation is not correctly designated Resina podophylli, but better by its usual and popular name, Podophyllin. In the same manner jalap and scammony are treated, the latter only, yielding a simple resin, as is proved by its complete solubility in ether. We are only surprised that, the principle being once admitted, we do not find a greater number of preparations made by this method. It is distinctly recognised, that by obtaining an alcoholic solution, precipitating by water and drying the precipitate, we obtain something quite dissimilar to an ordinary alcoholic extract—as a form is given to prepare such an extract of podophyllum, notwithstanding the admission of podophyllin. It would seem, moreover, that the compilers of the Pharmacopœia would tacitly sanction the employment of the concentrated preparations of the eclectics, because we find a number of plants enumerated in the materia medica, but no guidance as to the proper vehicle for dissolving the active principles—no form for tincture, infusion, or extract. It can scarcely be supposed that it is intended to recommend the plants themselves to be given in substance. There is also another class of preparations admitted for the first time into the Pharmacopœia, obviously derived from the same source—namely, Oleo-resins, although formulæ are given for preparing only those of capsicum, cubebs, lupuline, black pepper, and ginger. If the oleo-resins of these substances are satisfactory representatives of their therapeutic properties, why not many others of those now so abundant in commerce?

Upon the whole, we consider the new United States Pharmacopœia a work highly creditable to its compilers and the profession. It bears the impress of an honest and earnest endeavour to advance the science and art of healing—to render available to all the experience and information obtainable from every quarter, and, without favour or prejudice, to adopt whatever may be practically useful from any source. There are, we conceive, many things in this Pharmacopœia which will be acceptable to British practitioners, and we propose in future numbers of THE LANCET to present our readers with such portions of it as we deem most worthy of their attention.

CHEMICAL PRODUCTS & PHARMACEUTICAL PREPARATIONS.

GLYCERINE.

This may appear at first sight an almost exhausted subject; but the uses of glycerine in medicine and surgery are so numerous that there are still many points worthy of notice.

The therapeutic uses of glycerine may be said to have begun with its employment in cases of deafness by Mr. Thos. Wakley in 1849. Mr. Startin had, we believe, used it to some extent previously in skin diseases; but its value in aural surgery led directly to the recognition of its peculiar properties, and their adaptation to many practical requirements. It happened, fortunately, that shortly after the publication of Mr. Wakley's work a method was discovered of preparing glycerine perfectly pure. The whole range of pharmacy supplies no more striking illustration of the supreme importance of absolute purity in our remedial agents. So long as we were unable to obtain a pure glycerine, it was impossible to ascertain its real merits as a remedy. This desideratum was supplied by the industry and scientific skill of Mr. G. F. Wilson, the well-known manager of Price's Candle Company. That manufactory, in his hands, has in a most remarkable manner demonstrated that scientific discoveries which at first sight appear quite useless or remote from any practical application may become of the greatest value in the common affairs of life. When chemists read with admiration the researches of Chevreul on fatty bodies about forty years ago, they could scarcely have dreamed of the results to commerce and medicine which would flow from them. We doubt, indeed, whether even yet physiologists have duly appreciated them and their bearings on the function of fat in the living economy. When Mr. Wilson directed his attention to glycerine as a product of the operations on fats in candle-making, it was a useless waste material, and hundreds of tons were thrown away annually. At that time we could only employ an impure fluid scarcely affording a glimpse of its real properties. The early attempts to employ glycerine gave rise to contradictory and conflicting opinions. This arose simply from the various matters attaching to it, from its mode of preparation, and the sources whence it was derived. It had a disagreeable odour from the presence of volatile fatty acids, and often contained lime, lead and other metals, or metallic salts, sulphuric acid, hydrochloric acid, and alkaline or earthy salts. No wonder that it was found to irritate inflamed surfaces and to aggravate painful states—effects directly opposite to those of pure glycerine. As it is said there is still impure and adulterated glycerine in the shops, it is of primary importance to recognise the pure.

Glycerine should be absolutely without smell or colour, with a saccharine taste, and of the consistence of syrup. Its chemical formula is $C_6 H_7 O_5$, H O. With a specific gravity, at 60° F., of 1·24, it contains 94 per cent. of anhydrous glycerine. It can be concentrated to 1·26, when it contains 98 per cent. It is soluble in all proportions in water and alcohol, but insoluble in ether. It should show no reaction with litmus paper, and yield no precipitate with any reagent. Such is the glycerine prepared by Mr. Wilson, and known as Price's. Its source is palm oil, from which it is prepared by distillation in steam at a temperature of from 550° to 600° F. It is a curious fact, that although thus separated from its natural combination with fixed fatty acids, it will not again combine with them. Attempts to form preparations by combining glycerine with solid fats or oils are false in principle. Its combination with starch in various proportions, as described by Dr. Tilt, is the form in which it is best adapted for use; and it appears probable that this will in a great measure supersede all other ointments, whilst its solvent power renders it a most suitable vehicle for substances designed to be used with some friction on the surface as liniments and embrocations.

Unlike oils and fat, it does not absorb oxygen, and therefore never becomes rancid, or decomposes substances dissolved in it. It is probably mainly by virtue of this property that it acts as an antiseptic. Applied alone, it soothes the irritation of most skin diseases, and allays the pain of inflamed parts. With the exception of the formula for the use of starch to render it semi-solid, as given by Dr. Tilt, we see no advantage in copying the various formulæ which have been published. Everyone can prescribe the remedy he selects according to its know properties, if the quantity soluble in the glycerine is known. Hence we conceive the following tables will be found very useful:—

A. *Inorganic substances.*

100 parts of pure glycerine dissolve—

Sulphur	0·1	Cyanide of mercury ...	27·0
Phosphorus	0·2	Arsenic acid	20·0
Iodine	1·0	Arsenious acid	20·0
Bromine ... (all proportions)		Boracic acid	10·0
Monosulphuret of potassium (all proportions)		Chlorate of potash... ...	3·5
,, of sodium ,,		Arseniate of ,, ...	50·0
,, of lime ,,		,, of soda	50·0
Persulphuret of potassium	25·0	Carbonate of ,, ...	98·0
Iodide of sulphur	1·6	Bicarbonate of ,, ...	8.0
,, potassium ...	40·0	Borate	60·0
,, zinc...	40·0	Carbonate of ammonia ...	20·0
Biniodide of mercury ...	0·3	Hydrochlorate of ,, ...	20·0
Bromide of potassium ...	25·0	Alum	40·0
Iodide of iron (all proportions)		Sulphate of iron	25·0
Chloride of sodium ...	20·0	,, zinc	35·0
,, barium ...	10·0	,, copper ...	30·0
,, zinc	50·0	Nitrate of silver ...(all prop.)	
,, iron ...(all prop.)		Tannic acid	50·0
Bichloride of mercury ...	7·5	Oxalic acid	15·0
Cyanide of potassium ...	32·0	Benzoic acid	10·0

With the sulphuric, nitric, posphoric, hydrochloric, acetic, citric, and tartaric acids, glycerine unites in all proportions; and the same with the caustic alkalies and some salts, as the hypochlorites of soda and potass. Most of the metallic salts soluble in water are to about the same degree soluble in glycerine; some, however, are decomposed, as the bichromate and permanganate of potass.

B. *Organic substances, alkaloids, &c.*

100 parts of glycerine dissolve—

Morphia	0·45	Quinine	0·5
Muriate of morphia ...	20·0	Sulphate of quinine ...	2·75
Atropine	3·0	Cinchonine	1·5
Sulphate of atropine ...	33·0	Veratrine	1·0
Strychnine	0·25	Brucine	2·25
Sulphate of strychnine.	22·5	Codeine ...	...(all proportions)
Nitrate of strychnine ...	4·0		

Watery extracts of vegetables are very soluble in glycerine; whilst gums, resins, essential oils, ethereal extracts, camphor, balsams, fatty acids, are either wholly insoluble or sparingly soluble.

The internal uses of glycerine, either alone or in combination, or as a vehicle for active substances, await further investigation.

Notwithstanding that we are told the quantity of glycerine used in the hospitals of Paris increased from 300 pounds in 1851 to 3000 in 1861, we fear the demand for glycerine for therapeutic purposes will fall very far short of the amount produced as a residue in candle making, when this is reckoned at hundreds of tons per annum. That the demand for it will greatly increase as its value becomes recognised there is no doubt. If the price could be considerably reduced, the consumption would be much larger.

GRANULATED EFFERVESCING AMMONIO-CITRATE OF IRON.

We noticed in a former number Messrs. Savory's preparations of mineral-water salts. The same principle is applied to various salts of iron. They are mixed with a small proportion of tartaric acid and soda, and granulated. This condition certainly renders them very convenient to handle and administer, and very pleasant to take. What influence is the tartrate of soda likely to have on the tonic, or rather nutritive, action of the iron? Will it at all counteract it?

CINCHONINE.

To the Editor of THE LANCET.

SIR,—During the last three years I have had the medical care of about a thousand of the navvies and others employed on the Great Northern Outfall Works; and, from the low, marshy district in which a great part of the works have been carried on, I have had to treat a very large per-centage of fevers of the intermittent type. I have tried quassia, arsenic, &c., with a view to economize quinine; but in the majority of cases I have had at last to have recourse to that very effectual but costly drug. Some time back, whilst lamenting this to a professional friend, he suggested the use of the "muriate of cinchonine," as a less expensive article, and one well worthy of a trial. Upon this recommendation, I obtained a supply from the Messrs. Howard, of Stratford; and, being anxious to avoid falling into error, kept a careful register of the cases so treated. The results have been so satisfactory to me that I have enclosed you a condensed account of a few of the cases, which I trust you will deem worthy of publication, as I should be very glad to have my experience of the muriate endorsed by others.

I am, Sir, yours obediently,

C. G. TAYLOR, F.R.C.S., &c.

Great Northern Outfall Works, Nov. 1863.

Report of Cases treated by Messrs. HOWARD & SONS' *Muriate of Cinchonine.*

1. W. M'Q——; ague. One grain of muriate of cinchonine increased to three grains for dose. Well in six days.

2. Robert L——; ague. Two grains of muriate of cinchonine for dose. Well in four days, after being treated unsuccessfully with various other medicines.

3. Mrs. H——, aged twenty-four (July 15th); quotidian ague. Five grains of muriate of cinchonine three times a day. Cured in four days.

4. Mrs. B——, aged twenty-nine (July 15th); ague and severe headache. One scruple of calomel and jalap, and three grains of muriate of cinchonine, every six hours. On the 18th much better; less headache. Repeat four grains every six hours.—24th, quite cured.

5. Geo. B—— (June 24th); typhoid fever. Three grains of muriate of cinchonine for dose, continued to July 8th, by which date the patient was rapidly convalescent.

6. R. B——; variola. After febrile symptoms had subsided, gave two grains of muriate of cinchonine every four hours from July 2nd to the 14th, on which day he went to work.

7. R. S——; variola. Gave two grains of muriate of cinchonine three times a day from July 7th to the 20th, when he left convalescent. This remedy seems likely to be beneficial in improving the condition of the blood in variola, after the eruption has been established.

8. Geo. J——; abscess. Wound did not heal nicely under treatment, so tried two grains of muriate of cinchonine three times a day from the 26th of June to the 13th of July, when he went to work. Ulcer not quite healed, but much better; granulation healthy, and not too profuse.

9. Wm. D——; low fever. This case was treated entirely with muriate of cinchonine. The man went to work in six days.

10. A. S——; intermittent fever. Had been under treatment eight days. Tried four-grain doses of muriate of cinchonine every four hours. In five days he went to work.

Correspondence.

"Audi alteram partem."

THE ANALYTICAL SANITARY COMMISSION.

MEDICINES, THEIR IMPURITIES AND ADULTERATIONS.

SPIRITUS ÆTHERIS NITRICI.

To the Editor of THE LANCET.

SIR,—In the report of your Analytical Sanitary Commission in last week's LANCET some questions are raised the discussion of which, if admitted into your journal, would, I feel assured, be acceptable to many of your readers. The composition, preparation, and preservation of sweet spirit of nitre are subjects which have frequently occupied the attention of chemists and pharmaceutists; and the condition in which this medicine is often met with in commerce has even more frequently formed matter of complaint with medical men and others. This preparation as supplied for use in medicine is either found to be little more than pure spirit with merely a slight flavour of nitrous ether, or if it contain a larger proportion of the ethereal constituent it is liable to have an undue quantity of free acid and aldehyde in addition. Since the introduction of methylated spirit, this has been largely used in the manufacture of sweet spirit of nitre; and the products thus obtained are often so contaminated with the empyreumatic impurities of the spirit that they are quite unfit for use in medicine. Your report clearly indicates the extent to which this contamination occurs, and one of the questions I shall hope to see discussed in your pages is that of the use of methylated spirit in the preparation of medicines intended for internal administration. The best means of preventing the production of aldehyde in the preparation of sweet spirit of nitre; the proportion of nitrous ether that ought to be present; and the means best suited for preventing or retarding the decomposition of the ether and the production of free acid,—are questions very important in a practical point of view, and with reference to which some differences of opinion exist. Those who are satisfied with the process of the London Pharmacopœia, and with a product the specific gravity of which is ·834, must not expect to have anything more than a very mild preparation, with an extremely small proportion of ether in it. I know from experience that the London process, without altering the ingredients or their proportions, may, by merely varying the method of conducting the distillation, be made to yield a product much richer in nitrous ether, and therefore having a higher specific gravity, than the Pharmacopœia indicates. Your report shows that most commercial specimens have a specific gravity above ·834, and I think it would be unfair to conclude that this is due in all cases to the presence of water. Pure nitrous ether has a specific gravity, according to Liebig, of ·947; and the presence of an increased quantity of this ether

in the spirit will therefore, as well as water, add to the density of the mixture. Thus the sweet spirit of nitre of the Edinburgh Pharmacopœia, in which there is no more water, but in which the proportion of nitrous ether is much greater than it is in the spirit made by the London process, has a density of ·847.

The uncertainty of the product obtained by the London process, and the liability to change in the products of other processes, present such serious objections to the methods hitherto adopted for producing sweet spirit of nitre, that the space devoted to the free discussion of the subject would not probably be misapplied if it resulted in the suggestion of an improved method by which greater uniformity and stability could be ensured.—I am, Sir, yours obediently,

T. REDWOOD, Ph.D.,
Professor of Chemistry and Pharmacy to the
Montague-street, Nov. 1863. Pharmaceutical Society of Great Britain.

*** The process given in the Edinburgh Pharmacopœia for the preparation of spirit of nitric ether differs essentially from that of the London College, and hence the difference of specific gravity of the product. In reference to the last paragraph of Dr. Redwood's letter, we may state that the forthcoming Pharmacopœia will contain a new, and we believe a less objectionable process for the preparation of the spirit of nitric ether than the one contained in the present edition of that work.—ED. L.

To the Editor of THE LANCET.

SIR,—I see in THE LANCET that my name figures with many others as an adulterator of Spiritus Ætheris Nitrici. Now, I certainly plead guilty, and offer as an excuse the very low prices at which the public wish to purchase drugs. We are compelled in many cases to keep two different articles—one for prescriptions, according to P.L., and the other for retail. For instance: to make two pints of compound tincture of aloes, the saffron in it alone would cost at the present price eight shillings. Now, how is this tincture to be sold at fourpence per ounce? And the same with many other articles. I frequently ask people if they think physic is as cheap as beer. I keep one spirit of nitre according to the Pharmacopœia, and the other I make thus:—Spiritus ætheris nitrici, 28 oz.; aq. distill., 4 oz. I sell this at three drachms for a penny, or threepence per ounce. The best we sell at fourpence per ounce. So you see there is but a little addition of water. I assure you that an East-end druggist has plenty to contend with. The linendraper sells perfumery, the grocer fancy soaps, and the oilman drugs. What would a West-end druggist say at selling a quarter of a pound of sulphate of magnesia for threehalfpence, or making up an eight-ounce mixture for sixpence?—and it is done here in the vicinity. I am on my feet (and queer ones, too) from seven o'clock in the morning, and frequently look into the till in the afternoon and find only six or seven shillings; yet I frequently hear people going by remark that "this is the shop for business; there is always some customer in." Last Saturday I took an account of the customers who came in. I served 212 persons. Out of that number there were 145 penny customers. Now, a grocer or cheesemonger would have taken as many shillings. I think that I have given you some insight into a drug business; and as to adulterations, I am certain that there is but one article in this shop, and that is pulv. rhei, sold by wholesale druggists to us, and composed, *they say*, of one pound of English rhubarb to two pounds of fine East India rhubarb; but I keep the genuine also.

I am, Sir, your obedient servant,
New-road East, Nov. 1863. F. WHITE.

P.S.—Should any of you gentlemen call and make himself known to me, I should be most happy to be of any service that lies in my power.

*** The pharmaceutical chemist is, doubtless, in many cases exposed to sore temptation arising from unscrupulous competition carried on by means of adulteration; nevertheless the practice, even when only adopted in self-defence, is fraught with danger to the medical profession and the public. Although advocates in most cases of free trade, we do not see how this can be tolerated in the sale of medicines, or how we can safely leave each chemist to mix up and prepare pharmaceutical preparations as he pleases or in such forms as facilitate their disposal. Indeed, we are inclined to hold the opinion that all pharmaceutical preparations ought invariably to be made according to the formulæ laid down in the Pharmacopœia, and in those only. We must not forget also that if pure drugs cost more than the adulterated, they go further; so that in the end, even when a reduction in price is made in consequence of adulteration, it is very questionable whether the public are gainers even in a pecuniary sense by this injurious and reprehensible practice.—ED. L.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

IN our literary world here the news is more than usually important, new works and new editions of old works being in active preparation. Probably before this letter appears in print, a new work on Chemistry, confined however to the history of the metalloids, will have issued from the press, from the pen of Dr. Apjohn, the distinguished professor of chemistry in the University of Dublin. His reputation as an accurate and accomplished chemist makes us all here look forward with great interest to its appearance, the impression being that it will materially add to the reputation of the Dublin School of Medicine. It is intended to form one of Galbraith and Haughton's educational manuals, and will be uniform in size with the existing works of this series. Mr. Maurice Collis, surgeon to the Meath Hospital, also, I understand, has a work ready for the press; its title will be "The Diagnosis and Treatment of Cancers, and Tumours analogous thereto." This gentleman, by his writings, has already made himself a reputation upon these subjects. Prof. Churchill is actively engaged in bringing out a new edition of his work on the Diseases of Women. A reprint of our great Graves's Clinical Medicine, edited by Neligan, is at press; this will be merely a reprint, the only matter not contained in the last edition being a translation of Trousseau's preface to the French edition. Dr. Fraser is engaged on a new edition of his Materia Medica. Mr. Rawdon Macnamara, professor of materia medica in the College of Surgeons, is preparing for the press the Sixth Edition of Neligan's "Medicines, their uses and modes of administration." This gentleman was selected for this duty by the lamented author himself, many months previous to his untimely death. Had Dr. Neligan lived, he would have taken his share in the work; as it is now, the entire labour falls upon Mr. Macnamara's shoulders. I have also heard it rumoured that Mr. Butcher has it in contemplation to bring out in a more permanent and connected form his valuable and most interesting contributions to Surgery, which, in the pages of the *Dublin Quarterly Journal*, have gained such reputation for their talented author. So that upon the whole it must be confessed that the members of our profession upon this side of the Channel have been anything but idle during the summer recess.

In the summary of medical news that appears in your last week's number, you mention that Dr. Cameron's salary as City Analyst had been fixed at £100 per annum. This is correct, but it was only carried after a protracted fight, and upon the final occasion by a division in the Corporation, when 20 supported the measure and 16 opposed it; but of the minority eleven were bakers, grocers, or parties intimately connected with those interests—the very trades in which the lower orders can turn the services of such an officer to the best account; and, perhaps, "hinc illæ lachrymæ." Not that I would wish your readers from this to infer that our tradesmen have arrived at that refinement in swindling which the columns of THE LANCET so perseveringly and, I trust, so successfully exposed some years back. Far from it; but I think opposition coming from such quarters carried a queer appearance indeed.

Dublin, Oct. 17, 1863.

THE GENERAL MEDICAL COUNCIL.—The Master and Wardens of the University of Durham, at a Convocation held on the 27th ult., re-elected Dr. Dennis Embleton, F.R.C.P., for the period of five years as their representative on the General Council of Medical Education and Registration of the United Kingdom.—The Governor and Company of the Apothecaries' Hall of Ireland have unanimously re-elected for the period of one year Dr. Charles Henry Leet as their representative on the General Council of Medical Education and Registration of the United Kingdom.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diplomas, were admitted Members of the College at a meeting of the Court of Examiners on the 17th inst., viz. :—

Barker, William Larrington, Hungerford.
Bellamy, Edward, Balham.
Dickson, John Thompson, Clapham-park.
Douglas, Mordey, Sunderland.
Fox, Francis, Kilburn.
Franklin, Charles, Maida-hill.
Geoghegan, Richard Taylor, Birkenhead.
Grace, Alfred, Downend, near Bristol.
Haxworth, Walter, Barnsley, Yorkshire.
Jameson, William Hugh, M.D. Edin., Calstor, Lincolnshire.
Lebrun, Joseph Pierre Desiré, M.D. Belgium, Brussels.
Lewis, Alfred, M.D. Edin., Haverstock-hill.
Lord, Richard, M.D. Edin., Crewe, Cheshire.
Muir, Henry Skey, M.D. Glasg., Gloucester-place, Regent's-park.
Murray, Thomas, Trinidad, W. I.
Mussen, Arthur, M.D. Queen's Univ., Lisburn, co. Antrim.
Ralfe, Charles Henry, Cambridge.
Rossellotty, John Crampern, Watford, Herts.
Sandell, Henry William Adrian, Wood-green.
Waugh, Alexander, Corsley, Wiltshire.
Wilkin, Henry Cox, Dublin.
Zinzan, Robert Vaux, Hindon, Wilts.

The following gentlemen were admitted on the 18th inst.:—

Atkinson, James, Hyde, near Manchester.
Beverley, Michael, M.D. Edin., Seething, Norfolk.
Barnard, Charles Frederick, Plymouth.
Byrne, Patrick, Manchester.
Elkington, George, Birmingham.
Evershed, Montague Frederic, Billingshurst, Sussex.
Gilbert, Henry, Birmingham.
Greene, James Sherwin, St. George's, Shropshire.
Grosvenor, George Fox, M.D. Edin., Alsager, Cheshire.
Haigh, Sam, Leeds.
Haliday, Saunders Barton, Dublin.
Hamlyn, William Trent Bennett, Plymouth.
Marriott, Henry Thomas, Colston Bassett, Notts.
Mudd, Frederic Charles, Chichester.
Phillips, Alfred, Bridgwater.
Ray, Edward Reynolds, Dulwich.
Shaw, Charles Edward Martin, Crewkerne, Somerset.
Shears, Arthur, Isleworth.
Sherwin, John, Upwell, Norfolk.
Smith, Solomon Charles, Halifax.
Stamford, William Ackrill, Beverley, Yorkshire.
Scott, William John, Manchester.
Wall, George, Stourbridge, Worcestershire.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 12th inst.:—

Bale, William, Teviot Dale, Stockport.
Bryan, Edward, Frisby-on-the-Wreake, Leicester.
Holbrake, Thomas, Kinver, Staffordshire.
Killingworth, Thos. Bradford, University College, London.
Richards, George, Chirk, North Wales.
Sterling, George, Hebe Cottage, Charlton.
Wintle, Henry James, St. Paul's, Bristol.

The following gentlemen also on the same day passed their first examination:—

Burnham, Ralph, Westminster Hospital.
Evans, Alfred Paget, Sydenham College, Birmingham.

MR. GREEN.—The health of this gentleman, which for some time past has been in a very critical state, is now so improved that his friends were enabled to remove him on Thursday last from his temporary lodgings to his own residence.

CAPTAIN SHAW.—The deplorable accident to this gentleman is described in the *Morning Advertiser* as a fracture of the lower portion of the urethra, upon which Mr. Hewett has operated. What can it be?

THE OXFORD M.B. EXAMINATION will take place on Monday, November 30th.

THE FEDERAL FLEET at Pensacola has suffered severely from yellow fever.

THE QUEEN AND THE TOBACCO QUESTION.—The use of tobacco within the precincts of Windsor Castle has been prohibited by express command of Her Majesty the Queen.

CAMBRIDGE UNIVERSITY.—Mr. Latham, of Downing College, has been appointed Assistant-Examiner to the Regius Professor of Physic. Dr. Drosier, of Caius College, was appointed Deputy Professor of Anatomy in the absence of Dr. Clark.

SANITARY STATE OF HOUGHTON.—Dr. Wheatley has presented a report to the Board of Guardians on the state of the town, and the means necessary to improve its sanitary condition. A committee has been appointed to carry out his suggestions.

GUY'S HOSPITAL.—The following prizes were awarded by the Treasurer in the anatomical theatre in the presence of the medical and surgical staff, and a numerous gathering of students:—Third Year's Students: Edward Whitfeld Thurston, Ashford, Kent, the Treasurer's Gold Medal for Clinical Medicine; Edward Whitfeld Thurston, the Treasurer's Gold Medal for Clinical Surgery; Edward Whitfeld Thurston, First Prize, £40; E. Baxter Forman, Derby, Second Prize, £35.—Second Year's Students: Henry G. Howse, Reading, First Prize, £35. Second Prize of £30, not awarded.—First Year's Students: Henry Denne, Sandwich, First Prize, £30; James Rawlings, St. Pinnock's Rectory, Liskeard, Second Prize, £25; William Arthur Brailey, Rochester, Third Prize, £10 10s. (presented by one of the Governors); John Gill, Weston, Hawkstone, Shrewsbury, Honorary Certificate; Henry S. Taylor, Alton, Hants, Honorary Certificate; Frederick Edward Manby, East Rudham, Honorary Certificate. Entrance Examination in Classics, Mathematics, &c., October, 1863:—William Betts Giles, First Prize; Frederick Taylor, Second Prize; George Rootes, Honorary Certificate; Arthur Bowes Elliott, Honorary Certificate; Matthew Owen Coleman, Honorary Certificate.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.—This Society, which has existed just seventy-five years, and relieves, by half yearly and other grants, the widows and orphans of its own members, has determined to apply to the Queen in Council for a royal charter of incorporation. We cordially acknowledge the wisdom of this step, for the Society will receive more efficient powers for its own management than at present it has, and we are certain that it will rise in public estimation as being well suited to relieve the wants of their widows and children, who, whatever rank the husbands and fathers hold in the profession, are very often left in considerable distress on the death of those husbands and fathers. An advertisement in our present number informs our readers of the day on which they may be proposed as members.

KENSINGTON LYING-IN HOSPITAL.—The committee have announced that on account of inadequate support (and a consequent debt) they are forced to close this hospital.

TESTIMONIAL.—The inhabitants of Newington Butts have presented to Dr. Henty a silver tea and coffee service elegantly chased, weighing 88 ounces. It bears the following inscription:—

"Presented to George Henty, Esq., M.D., as a mark of esteem and regard from a few sincere friends in Newington and its neighbourhood, for his successful exertions in obtaining for it a railway station, and otherwise improving the parish in which he has resided fifteen years."

THE BRITISH MEDICAL ASSOCIATION.—The Fellows of the Royal College of Surgeons of England will, no doubt, regret to learn that the memorial from the above Association, earnestly requesting that provincial Fellows may be allowed to record their votes for members of Council by voting papers, instead of by personal attendance, has been rejected. There is no doubt that the great expense of procuring a supplementary charter for the purpose has had something to do with this decision.

ST. BARTHOLOMEW'S HOSPITAL.—A meeting of the Governors was held on Wednesday to consider what steps should be taken respecting the office of President rendered vacant by the death of Mr. Cubitt. The treasurer, Mr. Foster White, moved a resolution declaring the office to be vacant. Alderman Sydney and other gentlemen maintained that the office could not be declared to be vacant, as upon a vacancy the Lord Mayor for the time being had a right to be elected. The motion was carried by a large majority. It was subsequently decided to refer the subject to a Committee of Governors, and to empower them to confer with the governors of the other Royal hospitals, and to invite their co-operation in opposing the claims of the Corporation.

THE SUSSEX AND BRIGHTON LADIES' SANITARY ASSOCIATION held its annual meeting on Monday last, and adopted the report of the working committee which had reference to the supply of water to the poorer inhabitants of Brighton. It is gratifying to record that the labours of this very useful and really influential Association have been acknowledged by the Town Council of Brighton, which, with great propriety, has adopted the recommendations of the Association, and with commendable gallantry and prudence passed a vote of thanks to the committee for their valuable and practical suggestions for the improvement of the health and comfort of the inhabitants of Brighton.

GLASGOW UNIVERSITY MEDICAL SOCIETY.—At the annual general meeting of this Society, Dr. S. J. Moore, President, in the chair, the following gentlemen were elected office-bearers for the ensuing year, viz.:—Honorary President: Professor Pagan.—President: Mr. James G. Wilson, M.A.—Vice-President: Mr. John B. Barbour.—Secretary: Mr. James M'Alister.—Treasurer: Mr. Robert Park.

MEDICAL VACANCIES.

Liverpool Northern Hospital—House-Surgeon.
St. Anne's Dispensary, Liverpool—House-Surgeon.

MEDICAL APPOINTMENTS.

G. H. BETTS, M.D., has been appointed Medical Officer to the Holloway and North Islington Dispensary, Palmer-place, vice Searle, resigned.

J. C. BLACKFORD, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Cannock District of the Penkridge Union, Staffordshire, vice J. Wheatcroft, M.R.C.S.E., resigned.

W. P. BRABAZON, M.D., Visiting Surgeon to the Southern Dispensary, Liverpool, has been elected House-Surgeon, vice H. B. Watters, L.R.C.P.Ed., appointed one of the District Medical Officers of the Parish.

T. BREWER, M.R.C.S.E., has been elected House-Surgeon to the Huddersfield and Upper Agbrigg Infirmary, vice W. Oxley, M.R.C.S.E., resigned.

B. COCKS, L.R.C.P.Ed., has been elected Medical Officer for the South-East District of the Buntingford Union, Berks, vice W. H. Moor, M.D., deceased.

J. C. COOKWORTHY, M.D., has been appointed Consulting Physician to the Plymouth Public Dispensary, on resigning as Physician.

J. B. COWAN, M.D., has been elected President of the Andersonian Medical Society, Glasgow, for the ensuing year.

G. FEARNLEY, M.D., the first Mayor of Dewsbury, Yorkshire (having been elected immediately upon the Charter of Incorporation being obtained last year), has been re-elected to the office for 1863-64.

R. FENDICK, M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Bristol Incorporation of the Poor, vice D. Davies, M.R.C.S.E., resigned.

M. HALL, M.R.C.S.E., late Assistant House-Surgeon, has been appointed House-Surgeon to the General Infirmary, Sheffield, vice H. J. Knight, M.R.C.S.E., resigned.

J. HARMAN, M.R.C.S.E., has been elected Resident Medical Officer to the Brixton, Streatham-hill, and Herne-hill Dispensary, vice J. T. Mercer, M.B., resigned.

H. HELSHAM, M.D., has been elected Medical Officer of the Brixton, Streatham-hill, and Herne-hill Dispensary.

T. HODGOOD, M.R.C.S.E., has been elected Mayor of Chipping-Norton, Oxfordshire.

J. JAMES, M.R.C.S.E., has been appointed Medical Officer for District No. 3 of the Bristol Incorporation of the Poor, vice R. Fendick, M.R.C.S.E., resigned.

H. KETTLE, M.R.C.S.E., has been appointed Resident Medical Officer to the Birmingham and Midland Free Hospital for Sick Children, vice W. R. Roberts, M.R.C.S.E., resigned.

J. M. M'CARTHY, M.D., has been appointed Medical Officer and Public Vaccinator for the Tobercurry Dispensary District of the Tobercurry Union, vice J. D. Vernon, M.D., deceased.

I. MASSEY, M.D., has been elected one of the Vice-Presidents of the Nottingham Medico-Chirurgical Society.

T. MILES, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Battery, Darlington, and Stoke Gabriel Districts of the Totnes Union, Devon, vice L. Harris, M.R.C.S.E., deceased.

W. W. MORGAN, M.D., has been elected Mayor of Newport, Monmouthshire.

T. MORTON, M.B., has been elected Medical Officer of the Kilburn Dispensary, vice W. H. Cook, M.D., resigned.

S. C. NELSON, M.D., has been appointed Surgeon to H.M.'s Household, vice T. Underwood, M.D., deceased.

W. E. SOYER, L.F.P. & S. Glas., has been elected Medical Officer and Public Vaccinator for District No. 4 of the Guiltcross Union, Norfolk, vice H. Crooks, L.S.A., deceased.

C. TAYLOR, M.D., has been elected one of the Vice-Presidents of the Nottingham Medico-Chirurgical Society.

A. E. TERNOUR, M.D., has been re-elected Mayor of Denbigh.

G. WILLIS, M.D., has been re-elected Mayor of Newport, Monmouthshire.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

J. E. T. AITCHISON, M.D., Assist.-Surgeon Bengal Service, has been appointed Civil Surgeon of Hooshyarpoor.

J. A. ALLAN, M.D., Assist.-Surg. R.N. Oct. 8th, 1861, has been appointed to the "Wasp."

G. ASHTON, M.B., Staff Assist.-Surg., has been appointed Assist.-Surgeon to the 102nd Foot.

J. BALFOUR, L.R.C.S.Ed., Deputy Inspector-General of Hospitals Indian Army, has been promoted to the honorary rank of Inspector-General of Hospitals upon retiring on full-pay.

E. BECHER, M.D., Staff Assist.-Surg., has been appointed Assist.-Surgeon to the 104th Foot.

R. W. BERKELEY, M.P., M.S.E., Assist.-Surg. on half-pay, late of the 23rd Foot, has been appointed Staff Assist.-Surg., vice Noott, promoted in the 2nd Foot.

W. H. BRADLEY, Surgeon-Major Indian Army, has been promoted to the honorary rank of Deputy Inspector-General of Hospitals upon retiring on full-pay.

G. BRENNER, M.D., Assist.-Surg., has been directed to assume medical charge of the 31st Bengal Native Infantry.

Mr. W. R. BRUNTON has been appointed Hon. Assistant-Surgeon to the 1st Surrey Rifles.

N. CARTER, L.R.C.P.Ed., Staff Assist.-Surg., has been appointed Assist.-Surg. to the 109th Foot.

T. CAYZER, M.R.C.S.E., has been appointed Assist.-Surg. to the 15th Lancashire Artillery Volunteer Corps.

W. N. CHIPPERFIELD, Assist.-Surg. Madras Service, has been appointed Garrison Assist.-Surg. at Fort St. George, vice Montgomery.

A. F. CHURCHILL, M.D., Staff Assist.-Surg., has been appointed Assist.-Surg. to the 109th Foot.

H. COOKSON, L.R.C.P.Ed., Assist.-Surgeon attached to the Artillery at Delhi, has been ordered to assume medical charge of the 4th Bengal Native Infantry in addition to his other duties, vice Surg. A. E. Atkinson, proceeded on leave.

J. N. DICK, L.R.C.S.Ed., Surg. R.N. Sept. 27th, 1861, has been appointed to the "Hydra."

F. W. H. DE FABECK, Assist.-Surg. Bengal Service, has been appointed to receive medical charge of the 40th and the Left Wing of the 38th Native Infantry.

D. DUNCAN, M.D., Surgeon R.N., March 12th, 1863, has been appointed to the "Greyhound."

J. DUSTAN, M.R.C.S.E., Staff Assist.-Surg., has been appointed Assist.-Surg. to the 107th Foot.

J. E. FANNIN, Staff Assist.-Surg., has been appointed Assist.-Surgeon to the 103rd Foot.

F. L. FITZGERALD, M.R.C.S.E., Surgeon to the 2nd Foot, has been appointed Staff Surgeon, vice Stewart, M.D., appointed to the 18th Foot.

S. FLOOD, M.B., Staff Assist.-Surg., has been appointed Assist.-Surgeon to the 108th Foot.

W. FOLLIOTT, Staff Assist.-Surg., has been appointed Assist.-Surgeon to the 106th Foot.

J. A. FRASER, M.D., Surg.-Major 18th Foot, has been promoted to Deputy Inspector-General of Hospitals, vice Jameson.

P. W. GOWETT, M.R.C.S.E., Surg. R.N. Oct. 24th, 1859, has been appointed to the "Wasp."

R. HALL, M.D., Staff Assist.-Surg., has been appointed Assist.-Surgeon to the 103rd Foot.

J. B. HANNAH, M.D., Staff Assist.-Surg., has been appointed Assist.-Surgeon to the 101st Foot.

A. H. HILSON, M.D., Assist.-Surg. 26th Punjaub Infantry, has been appointed to officiate as Superintendent of the Jail at Aliyghur, and invested with the powers of a Magistrate to be exercised within the precincts of the Jail.

D. O. HOILE, M.D., Staff Assist.-Surg., has been removed from the half-pay to the full-pay list, vice W. H. Jenkins, placed on half-pay.

T. R. JAMESON, M.D., Deputy Inspector-General of Hospitals, has been promoted to Inspector-General of Hospitals, vice Williams, placed upon half-pay.

T. W. JEWELL, Staff Surgeon R.N. July 20th, 1858, has been appointed to the "Aurora."

A. H. KELLY, L.R.C.S.Ed., Assist.-Surgeon R.N. May 5th, 1856, has been appointed to the "Victory" (additional).

P. KILGOUR, M.B., Assist.-Surg. 79th Foot, has been appointed Staff Assist.-Surgeon, vice Mackay, cashiered by a sentence of a General Court Martial.

J. F. KYNSEY, L.K.Q.C.P.I., Assist.-Surg. R.N. Jan. 6th, 1860, has been appointed to the "Aurora."

H. LAMB, L.K.Q.C.P.I., Assist.-Surgeon 50th Foot, has been appointed Staff Assist.-Surgeon, vice W. Ligertwood, M.D., deceased.

J. LANGDON, Staff Assist.-Surg., has been appointed Assist.-Surgeon to the 105th Foot.

E. G. LEY, M.D., Assist.-Surgeon 21st Foot, has been appointed Staff Assist.-Surgeon.

J. MACARTNEY, L.R.C.S.I., Assist.-Surg. on half-pay, late of the 70th Foot, has been removed to the full-pay list.

T. M. O'BRIEN, Assist.-Surgeon H.M.'s 95th Regiment, having passed his Examination in Hindustani, has been appointed to the medical charge of the 15th Regiment Bombay Native Infantry, in addition to the charge of Nos. 5 and 7 Batteries Royal Artillery, which he now holds.

G. SMITH, M.D., Surgeon Madras Service, has been appointed Principal of the Medical College.

F. R. WILSON, M.B., Assist.-Surg. 20th Foot, has been appointed to officiate as Staff Surgeon 30th Bengal Native Infantry, vice Surgeon G. S. Mann.

Births, Marriages, and Deaths.

BIRTHS.

On the 11th inst., at Sheerness, the wife of John Jaap, M.D., of a son.

On the 12th inst., at Knaphill, Woking, the wife of Dr. J. Campbell, R.N., of a daughter.

On the 12th inst., at Newent, Gloucestershire, the wife of W. D. Cattle, M.R.C.S.E., of a son.

On the 14th inst., at Fernfield House, Bridge of Allan, the wife of Dr. Paterson, of a daughter.

On the 15th inst., at Brunswick-terrace, Westbourne-grove West, the wife of P. Collins Merryweather, M.R.C.S.E., of a daughter.

On the 15th inst., the wife of J. Maguire, M.D., of Chapelizod, of a daughter.

On the 16th inst., at Upper Ormond Quay, Dublin, the wife of T. Willis, M.D., of a son.

On the 16th inst., at Denmark-hill, the wife of Dr. Nichol, of a daughter.

On the 16th inst., at Wateringbury, the wife of S. Norton, M.D., of a daughter.

On the 17th inst., at Watford, the wife of Wilson Iles, M.D., of a daughter.

MARRIAGES.

On the 28th ult., at the Old Church, Hackney, Dr. John Thos. Slater, of Caledonian-road, to Harriett Myra, only child of Thomas Oliver, Esq., of Nickol's-square, Kingsland.

On the 10th inst., at St. Peter's Church, Dublin, T. J. Rawson, M.D., of Barrowville, Co. Carlow, to Janet Semphill, widow of J. Newton, Esq.

DEATHS.

On the 10th inst., at Douglas, Isle of Man, T. Underwood, Surgeon to H.M.'s Household.

On the 13th inst., at Allerburn House, Alnwick, Northumberland, G. Wilson, M.D., aged 49.

On the 12th inst., at Hastings, W. Lovegrove, L.R.C.P., aged 36.

On the 14th inst., at Reigate, P. Martin, M.R.C.S.E., aged 51.

On the 14th inst., at the Royal Infirmary, Dundee, Wm. G. Hamilton, M.D., aged 22.

On the 16th inst., at Crowle, Lincolnshire, of scarlatina, Archibald William, youngest son of Henry W. J. Ellis, L.R.C.P.Ed., aged 1 year and 8 days.

Medical Diary of the Week.

MONDAY, Nov. 23	ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M. MEDICAL SOCIETY OF LONDON. — 8½ P.M. Lettsomian Lectures on Diseases of Women and Children: "On some Points in the Pathology, Diagnosis, and Treatment of Fibrous Tumours of the Uterus." By C. H. F. Routh, M.D. Lecture I.
TUESDAY, Nov. 24	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ETHNOLOGICAL SOCIETY.—8 P.M. "On the Aboriginal Occupations of North Tynedale and Western Northumberland." By the Rev. G. R. Hall.—"Account of the Weddos, or Widdos." By a Tamil Native of Ceylon. ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Dr. Wm. Ogle, of Derby: "Supposed Abdominal Tumour; a Stick, ten inches long, introduced into the Bowel per Anum."—Mr. T. P. Salt, of Birmingham: "Description of a New Truss."—Mr. H. Thompson: "Difficult Case in Lithotomy, from Distortion of the Pelvis by Rickets."
WEDNESDAY, Nov. 25	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
THURSDAY, Nov. 26	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL — Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M. LONDON SURGICAL HOME.—Operations, 2 P.M. WEST LONDON HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
FRIDAY, Nov. 27	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
SATURDAY, Nov. 28	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. ROYAL FREE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

To Correspondents.

M.R.C.S.—The writer of the statement alluded to is either ignorant of the gist of Dr. W. Budd's views, or has not really perused Dr. Christison's address, about which he writes so much nonsense. Since the time of Bretonneau a large number of observers have insisted on the contagious character of enteric fever. The peculiarity of Dr. W. Budd's view is, that the poison is contained in the stools of infected persons. Throughout Dr. Christison's address no allusion is made to such a view. The opinion is merely expressed that enteric fever is due to something more specific than foul air. We believe that there are few medical men of the present day who do not admit that enteric fever is capable of propagation by means of a specific poison. The chief point on which there is any difference of opinion is, whether this poison may not sometimes be generated independently of persons already infected with the disease. The writer of that very silly article mixes up typhus with typhoid, and altogether betrays a singular ignorance of the subject which he seems to discuss.

Sir H. D.—Apply at St. Mary's Hospital.

Dr. J. Taylor's communication, "On the Efficacy of Sarracenia Purpurea in arresting the Progress of Small-pox," shall appear next week.

T. D.—It is impossible without seeing the case to form any opinion upon it.

THE ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—Your remarks on the Crawley Court-Martial induce me to relate to you the following anecdote, illustrative of the dignified bearing of a high military authority towards the medical department, which I heard about a year ago from a regimental surgeon now deceased:—

The senior medical officer at the Curragh Camp thought certain improvements in its sanitary condition desirable and practicable, and submitted his views to the General commanding in Ireland. They were refused, and the doctor was snubbed by being told to mind his own business: "these were none of it." The doctor then requested his proposals might be submitted to the Commander-in-Chief, quoting the particular regulation, which taught him they were of his province. His Royal Highness was of the same opinion, and decided that the General was wrong, and the doctor in the right. Next time the General visited the Camp, the doctor rode out with the other "bigwigs" of the place to meet him, as he considered it his duty to do. As soon as the General saw him, he roared out, "Doctor go home; there are none of us sick. We don't want you here."

I am, Sir, yours very obediently,

November, 1863. F.R.C.S.I., ONCE AN ARMY SURGEON.

Dental Student.—Kreasote is used by some dentists as the most satisfactory astringent in such cases. The following caution by Mr. Hulme, in a contemporary, is worthy of remembrance, however, in reference to the employment of this agent:—"With regard to creasote, it is necessary to remark that the kind commonly met with acts merely as a mild astringent; but that known as German creasote acts as a powerful caustic, and then it is necessary to be careful that none of it flows on to the other parts of the mouth. Mialhe regards it as one of the most powerful coagulants of albumen that we possess."

Justitia.—Not in an ordinary case. If the question be stated more fully, an answer shall be given.

Dr. G. R. Irvine.—It is contrary to our rule to admit letters into THE LANCET having reference to what appears in its advertising pages.

ON THE USE OF THE ACTUAL CAUTERY AS A HÆMOSTATIC.

To the Editor of THE LANCET.

SIR,—I cannot forbear expressing how fully I concur in all the statements respecting the advantages of the clamp and cautery in the treatment of hæmorrhoids and prolapsus, so graphically detailed by Mr. Henry Smith in your issue of October 31st, 1863. There is one point, however, on which I would make a few remarks—viz., the correct mode of applying the actual cautery as a hæmostatic.

I feel bound to confess that up to the spring of the current year, of this I knew comparatively nothing. In practice I had more than once found that hæmorrhage, particularly when brisk, is by no means so easily stanched by the hot iron as I had been led to believe; not unfrequently it requires to be applied again and again, and long continued, before the due effect is produced: thus it proves a tedious and painful process. My eyes were opened to the effectual mode of its employment by an unprofessional accident, in this wise.

In want of a little surgery, I one day last spring determined on castrating a pony, my property, and had made arrangements to secure the vessels of the cord by the cautery in the usual way. I found this by no means so easy of execution as I anticipated. Time after time I applied the iron, and seared, and seored, and grilled away, to my own and, I should think, my patient's heart's content. I began to think it would have to be given up as a bad job, and some other means resorted to. If allowable to quote the old "sic magnis componere," &c., I may not inaptly liken it to Dr. Wiblin's patient, in whom, Mr. Smith remarks, "a most extensive application of the hot iron was needful." My patient, however, I may add, did unusually well, indeed, as I have on more than one occasion previously observed, all the better apparently for the great time and labour bestowed.

Next day, upon my visiting a patient in the country, by that inscrutable and unexplained law of coincidence or periodicity, preparations were in progress for a repetition of the operation of castration by an uninitiated farrier of circumscribed yet high local repute. Fresh from the contemplation of my own case, with its grave responsibility and difficulties, no wonder I could not resist stopping to witness the procedure. The first steps of the operation differed but slightly from those I had passed through; but after having divided the cord by the cutting edge of the iron, the instrument, instead of being at once reversed to char with its thick back the severed vessels as I anticipated, was handed to a bystander until the operator, calm and self-reliant, took from his waistcoat pocket a small tin box, containing an unobtrusive, yellowish-brown powder. A pinch of this was applied to the cord where divided before using the cautery for hæmostatic purposes—a relic, I innocently thought, of ancient surgery, fondly retained to mystify the onlookers. Vain idea. By the aid of this enchanter's wand, one touch of the iron, and the graceful ascent of a wreath of smoke, the vessels were instantaneously and effectually occluded, and hæmorrhage at once arrested. I was both surprised and delighted, and, when I contrasted it with my own *modus operandi*, saw at once the latter's waste of power and inefficiency.

This valuable and, as I now believe, indispensable adjunct to the cauterizing iron I found, on inquiry, to be powdered resin. I have since tested its value in human surgery on several occasions with marked satisfaction. In one case of hæmorrhage from a wounded nævus, it immediately stanched most troublesome bleeding, and permanently destroyed the abnormal tissue in a much easier and less formidable mode than any other that could have been adopted. Not to be too sanguine, I believe it will prove available in many cases which have heretofore been deemed to demand more elaborate and serious methods of treatment.

I remain, Sir, yours obediently,

Gorleston, Great Yarmouth, Nov. 1863. CHAS. D. ARNOTT, M.D.

M. D. D., (Driffield.)—Under the provisions of the late Medical Act, it is far better for our correspondent to charge for attendance rather than for medicine; or if the latter be charged in addition, it should be at druggists' prices. It is impossible to fix a scale such as he requires, as everything must depend upon the circumstances and ability of the patient.

D. T. A. (Londonderry) should make application to Mr. Adams, the American Ambassador in London.

Indignans.—The statement that the biographical notices which appeared some years since in this journal were written by the subjects of them, is a foul slander, not only upon the living, but upon the illustrious dead. It is scarcely necessary for us to say that Brodie, Clutterbuck, and Marshall Hall did not write the account of their own career; neither is a single living subject of THE LANCET portraitures open to this grave and malignant charge.

Mediculus.—Any competent practitioner can treat the case.

PECULIAR CONDITION OF THE PLACENTA.

To the Editor of THE LANCET.

SIR,—I removed a placenta from a patient the other day, which on examination was found to be covered with a thin layer of calcareous matter on the whole of the uterine surface. As I cannot account for this appearance, I shall feel obliged if some of your obstetric readers will favour me with their explanation of this (to me) unusual and unaccountable condition. The mother states that she never was ill in her life. She is twenty-eight years of age. Her child (primipara) is a fine healthy boy.

I remain, Sir, yours obediently,

London, November, 1863. S. CARTWRIGHT REED, M.D.

Mr. E. Bennett, (Worksop.)—In the metropolis, when a medical practitioner is called to afford assistance to a person in the custody of the police, he is entitled to a fee of 3*s.* 6*d.* for attendance in the daytime, and 7*s.* at night. The Commissioners of Police are authorized to pay these fees. We are unacquainted with the regulations of the police authorities in this respect at Worksop. Surely some one must be responsible for the due payment of such valuable services as those rendered by our correspondent. It is certain, from the account sent to us, that he was instrumental in saving life. Should he not succeed in obtaining a proper recognition of his services, we would advise him to forward a statement of the facts to the Home Secretary.

Student had better keep to his Anatomy and Chemistry the first session, refraining from *reading-up* Surgery and Medicine, but not from attending the wards.

TIC DOULOUREUX.

To the Editor of THE LANCET.

SIR,—The letter of "Medicus," in your impression of November 7th, has induced me to make public for his information and that of the profession generally the means which I have employed, and that successfully, for the relief and cure of tic douloureux.

I use galvanism from as many as half a dozen pairs of plates, and sometimes from a whole dozen pairs, but giving at the same time a sensation which is felt by the patient to be very agreeable and soothing, so much so that sleep is frequently induced, and entire freedom from pain during the application, in one case of forty years' standing, a gentleman, aged seventy-five, who had been under the highest physicians at home and abroad, was partially cured by galvanism, the severity of the pain was materially lessened, his sleep and appetite completely restored. The first symptoms of amendment began to appear at the end of a fortnight under daily galvanic treatment. After two months' treatment I ceased to attend the patient. I had positive assurance of the permanency of the good effects of the treatment by the circumstance of several patients coming to me in consequence of his recommendation some time afterwards.

I have applied the galvanism in a great variety of cases of tic douloureux during the last ten years, and in every instance where a fair trial was given, the patient has been either relieved or cured. Some cases cured have remained perfectly well, to my certain knowledge, for five or six years, and even then no sign of relapse. Doubtless many physicians have made trial of galvanism in cases of tic douloureux, and found it of no avail. The failure in such cases may arise (as I have sometimes discovered) from the use of an imperfect galvanic apparatus, or from an improper method of applying the remedy to the patient, or, lastly, from want of perseverance.

The reasons of the success I have met with in curing this malady by galvanism are as follows:—

1. I use Halse's apparatus, which admits of a large stream of fluid being given from a number of pairs of plates, along with a mild sensation, producing a soothing effect.

2. I always apply the galvanism to the top of the spine and pit of the stomach, carefully avoiding the painful spots, the application being so gentle that the patient just feels it, and no more.

3. I apply the galvanism punctually every day for half an hour at a time, and require the patient to persevere with it daily for three or four weeks or longer. The necessity of perseverance is positive, several successful cases having shown no symptoms of improvement till the end of three weeks.

I find Halse's galvanic apparatus suitable to the most timid and nervous patient, and vastly superior to those in common use. In sciatica and many forms of rheumatism I have found this apparatus to be very successful.

Yours respectfully,

Glasgow, November, 1863. W. HASTHILL, M.D.

To the Editor of THE LANCET.

SIR,—If your correspondent suffers from *true* neuralgia, let me beg him to try the following little-known but most valuable remedy, which, if successful, perhaps he will record in your journal:—Hydrochlorate of ammonia, tincture of ginger, of each one drachm and a half; water to six ounces; a third part to be taken an hour before the attack is expected. Yours, &c.,

November, 1863. DOSOR.

Q. Q.—Whether our hemlock was the *koneion* of the Greeks, and the plant which poisoned Socrates, is a point not determinately settled. There is a very great likelihood that it was so, and that any difference between the effects of the two, which are apparent, is due to the climates under which the plants of the South of Europe and of Britain respectively grow.

Edward H. S. will find information upon the subject in Beasley's work, published by Churchill.

OBSTINATE PRURIGO.

To the Editor of THE LANCET.

SIR,—Allow me to suggest, through the medium of your journal, to your correspondent, "M." the experiment of the following formula as a relief to intense pruritus vulvæ. It is singular that amongst the remedies he enumerates as having tried without success, borax is omitted:—Borax, half an ounce; sulphate of morphia, six grains; rose water, three ounces: make into lotion, washing the parts first with tepid soap-and-water.

I am, Sir, your obedient servant,

November, 1863. C. H.

Londinensis.—If a *specialty* be followed simply for the purpose of professional puffing, the intention can be described only as *most offensive*.

R. H.—The article shall appear in an early number.

Dr. M. J. Evans.—The "Briton" has had under its consideration for some time the propriety of establishing a sick fund.

A Disappointed Subscriber.—Dr. Alfred Taylor's work on Poisons.

THE PROPOSED STATUE TO SIR JAMES M'GRIGOR.

To the Editor of THE LANCET.

SIR,—Can you or any of your readers inform me when the proposed statue to Sir James M'Grigor (to which subscriptions were solicited three years ago) will be erected, and where, as I do not here anything of it?

I remain, Sir, yours, &c.,

November, 1863. ONE WHO PAID.

X. Y. Z.—Yes. On inquiry we find that the name of Wm. Jno. Cumming has been erased from the Medical Register by order of the Executive Committee of the Medical Council, he having been convicted of felony at the Middlesex Sessions held on the 5th ultimo.

Inhalatio shall receive an answer next week.

W. W.—The New Ear Covering can be obtained of Mr. H. Marville, 8, New-street, Brompton.

Dr. J. W. Cook is entirely mistaken in the matter.

POOR-LAW MEDICAL OFFICERS AND PAUPER LUNACY.

To the Editor of THE LANCET.

SIR,—Your columns are always open to ventilate important professional questions, and to assist medical men in resisting injustice. May I therefore be permitted to ask the opinion of your readers on the following case, which shall be as brief as a clear statement of it will permit:—

A pauper patient of mine became insane, and dangerous to those about him. With a magistrate and the relieving officer I attended and certified to his insanity, and he was removed to an asylum. My bill against the Board of Guardians, claiming a guinea, was returned to me, with a note to this effect: "We cannot pay this. You are not entitled to claim. See Lunacy's Medical Officer, page 27, foot-note." I then went to the magistrate, and explained to him that the foot-note sets forth that it is the duty of the medical officer to give a certificate "to them" (i. e., the Board of Guardians) without charge, and told him that my certificate was not "to them," but to the superintendent of the lunatic asylum to which the man was to be admitted. The magistrate then conferred with the clerk to the guardians, who stated—

1st. That my contract included such fees. The contract was produced, and the statement found to be incorrect.

2nd. That the Poor-law Orders did not allow of the payment. Lumley was produced, and the clause in reference read and explained as above. The clerk had not seen it in that light before, and would refer the matter again to the board.

The magistrate, however, made an order for payment, which the guardians attempt to repudiate on the following grounds:—

1st. That the magistrate's order is made on an *ex-parte* statement, and so is illegal.

2nd. That it is the duty of the medical officer to give his whole services to the board for the salary he receives, and therefore he is not entitled to make a special charge for one act of service.

(I should here state that my contract sets aside extra fees for midwifery and surgical operations and apparatus; but lunacy is nowhere mentioned.)

3rd. That as he undertakes to abstain from private practice, and this is a service not rendered "to them," it is therefore private practice, and he is not entitled to payment.

I will make no comment on these ingenious arguments; but will refer the matter to you, in full assurance that older heads than mine will, through you, give me the benefit of their experience.

I remain, Sir, your obliged servant,

November, 1863. FAIRPLAY.

B. A.—We shall next week refer at length to the subject on which he writes. It will not do to attempt too much at first.

Mr. J. H. Strutt is thanked.

Enquirer.—We cannot advise in the matter.

Dr. T. Lewis Brittain.—We should be obliged by the case being sent.

WHAT NEXT? "THERAPEUTICAL ADVICE GRATIS."

To the Editor of THE LANCET.

SIR,—The above I saw engraved in very large letters on the brass plate at a druggist's shop in the Edgware-road, near the "Wheatsheaf." Well may I repeat the words of my heading, "What next?"

I am, Sir, your obedient servant,

November, 1863. HARPER'S GHOST.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Brintes; Dr. Hughes Bennett, Edinburgh; Mr. Strutt; Mr. Edwards; Dr. Beigel; Mr. Constable; Mr. Morley, (with enclosure;) Dr. Grant, (with enclosure;) Dr. Allan, (with enclosure;) Mr. E. G. Clarke, (with enclosure;) Dr. Turner, Minchinhampton; Dr. Irvine, Colney Hatch; Dr. Nelson; Mr. J. J. Corrie, Leeds, (with enclosure;) Dr. Humble, Newcastle, (with enclosure;) Mr. J. Gell, Birmingham, (with enclosure;) Rev. J. H. Groome; Dr. Cook, Manningtree; Mr. Bird, (with enclosure;) Mr. Kettle, Tipton; Mr. Manifold, (with enclosure;) Dr. Watson, Warrington; Dr. Merriman; Mr. J. Davies, Ripley; Messrs. Harvey and Reynolds, (with enclosure;) Dr. Brittain, Chester; Dr. Garstang, (with enclosure;) Dr. Taylor; Mr. Kelly, (with enclosure;) Mr. Hardy, Dyer's Green, (with enclosure;) Mr. Merryweather; Mr. White; Mr. J. Harding; Mr. Davenport, Rushton; Mr. Goodwin; Mr. Wilson, Alnwick; Mr. E. Bennett, Worksop; Mr. Roberts, Birmingham; Mr. Helder, (with enclosure;) Mr. Cropp, Newmarket, (with enclosure;) Dr. Griffith; Mr. Mumford, (with enclosure;) Mr. Pearse, Cardiff, (with enclosure;) Mr. Jameson, Calstor, (with enclosure;) Mr. C. Williams; Dr. Atkinson, Wakefield; Mr. C. Pauli, Longton; Mr. R. Fendick, Bristol; Mr. Bain, Hadnall; Dr. Evans; Mr. Lyddon, (with enclosure;) Mr. Craven, Hull, (with enclosure;) Mr. Simpson, Settle, (with enclosure;) Mr. Flower, (with enclosure;) Mr. Boulton, Northleach, (with enclosure;) Dr. Stewart; Dr. Souter; Mr. M'Kinnel, San Remo; Dr. Collins, Lofthouse, (with enclosure;) Mr. Caesar, Downton; Dr. Jones, Newtown, (with enclosure;) Mr. J. Moore; Messrs. Arthur and Nephew, (with enclosure;) Mr. J. Taylor; Dr. Harthill, Glasgow; Mr. Cooper; Dr. Cartwright Reed; Mr. T. Miles, Totness; Mr. Pennington, Liverpool, (with enclosure;) Dr. Kempthorne; Mr. Browne, West Bromwich, (with enclosure;) Mr. Wigan, Aberdeen; Enquirer; A. M., (with enclosure;) Verbum Sap; M. D. D.; Duobus; Anti-Humbug; Ethnological Society; T. D.; M.R.C.S., (with enclosure;) Theta; M.D., (with enclosure;) A. B., (with enclosure;) D.S.A.; Brighton; A Young Surgeon; E. P. S.; Nil; Justitia; &c. &c.